

Case Number:	CM14-0175181		
Date Assigned:	10/28/2014	Date of Injury:	06/05/2013
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Acupuncture and Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who reported neck, low back and right shoulder pain from injury sustained on 06/05/13 due to cumulative trauma. Electrodiagnostic studies of the lower extremity were unremarkable. Electrodiagnostic studies of the upper extremity revealed moderate to severe right median sensory neuropathy at wrist and mild right median motor neuropathy at wrist. MRI of the cervical spine revealed 2-3mm disc protrusion at C3-4 and 3mm disc protrusion at C5-6. MRI of the lumbar spine revealed 3-4mm disc protrusion at L4-5 and L5-S1 with small annular tears at both levels. Patient is diagnosed with chronic neck strain, right shoulder impingement, right elbow pain, right wrist strain, right wrist median sensory neuropathy, chronic low back strain with 3-4 mm disc protrusion. Per medical notes dated 05/29/14, patient complains of continuous dull pain in the neck that extends along the right trapezius area to the right shoulder region and hand. She complains of pain radiating into right shoulder blade, mid back and low back. Patient complains of continuous dull pain in shoulder that extends along the arm to hand. Patient complains of right elbow pain described as a burning sensation that is localized. Patient complains of continuous dull pain in the hand and intermittent sharp and burning pain in low back, with pain radiating into the right buttock. Per medical notes dated 09/10/14, patient complains of bilateral arm pain that radiated into the shoulder and the neck. Examination revealed tenderness to palpation of the paracervical and trapezius muscles with restricted range of motion. Provider requested initial trial of 12 acupuncture sessions for right shoulder, low back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture for the right shoulder, lumbar and cervical spine, x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck pain, Acupuncture

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines Page 8-9: "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 12 acupuncture sessions for the neck, low back and right shoulder pain. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.