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| Case Number: | CM14-0183411 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 12/01/2004 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 45 year old female who reported neck and bilateral upper extremity pain from injury sustained on 12/01/04 due to repetitive injury. Patient is diagnosed with repetitive strain injury; myofascial pain syndrome; bilateral shoulder rotator cuff surgery; and cervical sprain/strain. Patient has been treated with medication, physical therapy, and cortisone injection. Per medical notes dated 09/22/14, patient complains of constant neck pain with radiation to the shoulder and wrist. Pain is burning, sharp and is associated with frontal headaches. Pain is rated at 9/10. Patient complains of bilateral shoulder, wrist and hand pain with radiation to the elbow and wrist. Patient reports numbness and tingling in sensation in the fingers. Pain is rated at 8/10. Provider requested acupuncture for neck and bilateral upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks; neck and bilateral upper extremities: 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 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 requested initial trial of 2x3 for neck and bilateral upper extremity pain. Acupuncture is used as an option when pain medication is reduced or not tolerated, which is not documented. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 2x3 Acupuncture visits are not medically necessary.