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| Case Number: | CM14-0032123 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/18/2012 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Chiropractic and Acupuncture 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 70 year old female who reported neck and shoulder pain from injury sustained on 10/18/12 due to a fall. MRI of the cervical spine revealed moderate degenerative changes. Radiographs of the cervical spine revealed moderate to severe degenerative disc disease. Radiographs of the left hand reveal severe degenerative joint disease of the 1st CMC joint. Radiographs of the left shoulder reveal large subacromial calcification in left shoulder. Patient is diagnosed with cervicgia; brachial neuritis; and joint pain-hand, shoulder and forearm. Patient has been treated with medication, therapy and acupuncture. Patient was seen for a total of 26 acupuncture visits per utilization review. Per medical notes dated 01/06/14, patient states that she was about 60% improved with initial 6 visits, especially when she was getting them done on a regular basis. She has been without treatment; her improvement went down to about 10%. Per medical notes dated 03/20/14, patient complains of left shoulder, arm and hand pain. Patient reports when she was treated 2Xweek, her pain as improved by 60%, her activities of daily living were more comfortable to perform, she slept 50% better and was able to be more active including lifting without pain. Patient has been determined permanent and stationary with future medical care. Primary physician is requesting additional acupuncture visits 2X4. Medical reports do not document recent exacerbation or flare-up which would necessitate care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture two times a week to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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 had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Patient had improvement which she was consistently getting acupuncture; however, she did not have lasting improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient has been determined permanent and stationary with future medical care. Primary physician is requesting additional acupuncture visits 2X4. Medical reports do not document recent exacerbation or flare-up which would necessitate care. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2X4 acupuncture treatments are not medically necessary.