

Case Number:	CM14-0038115		
Date Assigned:	06/25/2014	Date of Injury:	04/13/2009
Decision Date:	07/30/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in 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 53-year-old female who reported neck, mid back, low back and bilateral upper extremity pain from injury sustained on 04/13/09 due to a slip and fall. The patient is diagnosed with cervical, thoracic, lumbar spine strain; cervical radicular syndrome; left lumbar radiculopathy; bilateral rotator cuff tendinitis and bilateral carpal tunnel syndrome. An MRI of the cervical spine revealed disc desiccation at C2-3 to C6-7 and multilevel disc protrusions. The MRI of the left shoulder revealed, AC joint arthritis; supraspinatus and infraspinatus tendinosis; superior glenoid labral tear and deltoid strain. The MRI of the lumbar spine revealed disc desiccation at L1-2 to L5-S1 and multilevel disc protrusions. The patient has been treated with medication, corticosteroid injection and physical therapy. Per medical notes dated 01/13/14, patient complains of symptoms in the neck, low back, bilateral wrists and bilateral shoulder. Symptoms are worse with activity and somewhat relieved with rest. Per medical notes dated 02/17/14, the patient has continued with self-treatment but remains symptomatic. Provider is requesting trial of 12-acupuncture treatment. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE VISITS FOR THE LUMBAR AREA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical treatment Guidelines state that 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. The patient has not had prior Acupuncture treatment. Per the 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. Documents did not reports any concurrent physical rehabilitation or home exercise program which would necessitate acupuncture. Furthermore, acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the medical records. Additional visits may be rendered if the patient has documented objective functional improvement. The California MTUS definition of 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.