

Case Number:	CM14-0045085		
Date Assigned:	07/02/2014	Date of Injury:	04/02/2013
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 63 year old female who reported neck, back, low back, bilateral shoulder and bilateral wrist pain from injury sustained on 04/23/14 after lifting and pushing a heavy cashbox. Patient is diagnosed with lumbar disc displacement with myelopathy; cervical disc herniation with myelopathy; bursitis/ tendinitis of bilateral shoulders; rotator cuff syndrome of bilateral shoulders; tendinitis or bursitis of bilateral hands and wrists. MRI of the left shoulder revealed acromioclavicular arthritis with bone spurs causing impingement of the rotator cuff. MRI of the cervical spine revealed multi level disc bulges associated with cervical degeneration. MRI of the lumbar spine revealed disc bulges with degenerative disc disease. Patient has been treated with medication, acupuncture and therapy. Per medical notes dated 01/08/14, patient complains of occasional moderate neck pain described as stiffness and aggravated with overhead work. She complains of constant moderate to severe low back pain described as throbbing; bilateral shoulder pain that is constant. She also complains of bilateral hand and wrist pain. Examination revealed +3 tenderness of the paraspinal muscles. Per medical notes dated 02/26/14, patient complains of radiating low back pain as well as neck pain radiating to the upper extremities. Patient also complains of numbness and depression. Examination revealed tenderness to palpation of the paraspinal muscles. Primary physician is requesting additional 6 acupuncture visits. Per medical notes dated 03/10/14 revealed the patient has had function improvement with past treatment. Since last examination she has increased activities of daily living; able to work with restrictions; decreased visual analog scale rating from 6.0-5.5; and increased range of motion of the cervical spine from 35 degrees to 45 degrees. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved 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:

Acupuncture 1 time a week for 6 weeks for cervical, thoracic lumbar spine, bilateral shoulders, bilateral hands/wrists: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Shoulder (Official Disability 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. Per medical notes dated 03/10/14 revealed the patient has had function improvement with past treatment. Since last examination she has increased activities of daily living; able to work with restrictions; decreased visual analog scale rating from 6.0-5.5; and increased range of motion of the cervical spine from 35 degrees to 45 degrees. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. 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, 2x3 acupuncture treatments are medically necessary.