

Case Number:	CM14-0048034		
Date Assigned:	07/02/2014	Date of Injury:	02/16/2006
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 57 year old female who reported right shoulder and neck pain from injury sustained on 02/16/06. The mechanism of injury is unknown. There were no diagnostic imaging reports. The patient is diagnosed with shoulder joint pain; cervical radiculitis; degeneration of cervical intervertebral disc and chronic pain syndrome. The patient has been treated with right shoulder arthroscopic surgery; medication; therapy and acupuncture. Per medical notes dated 02/05/14, patient reports neck pain that radiates to right upper extremity with numbness. Burning and aching. An examination revealed tenderness to palpation of the paracervical pain and the trapezius and anterior lower cervical trigger point pain. Per medical notes dated 04/08/14, patient complains of shoulder pain rated at 4/10 and at its worst 8/10. Narcotics and acupuncture helps with pain. Neck pain radiates to the left upper extremity with numbness, burning and aching. Per medical records dated 06/11/14, neck and shoulder is still bothersome. Physical therapy was really helpful in the past. Pain is rated at 6/10. Primary provider is requesting additional 8 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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:

Acupuncture, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision) p. 555-556.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per page 8-9 of the Acupuncture Medical treatment Guidelines, 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. The timeframe to produce function improvement is 3-6 treatments, 1-3 times per week for 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 8 acupuncture treatments are not medically necessary.