

Case Number:	CM14-0051592		
Date Assigned:	07/07/2014	Date of Injury:	03/11/2010
Decision Date:	08/06/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/18/2014

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 & 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:

Claimant is a 69-years-old female who sustained a work related injury on 3/11/2010. Her diagnoses are cervical disc displacement without myelopathy, pain in the shoulder joint, pain in the lower leg, and lumbar disc displacement without myelopathy. Prior treatment includes acupuncture, chiropractic, acupuncture and medical management. The claimant had 12 acupuncture sessions in 2013. Per a utilization appeal dated 4/23/2014, the claimant had significant relief from the 12 sessions with pain reduction and functional improvement. She says it had a cumulative effect on the pain and helped her sleep better at night. It decreased her pain during the day and helped her stress level. It also helped to improve her range of motion in the neck and left shoulder secondary to reduction in spasms and tightness in the area. Currently the claimant has increased neck and left shoulder pain. She has spasms in her cervical paraspinal muscles; left greater than right, with spasms extending into the left trapezius. Her cervical and shoulder range of motion are limited due to this myofascial pain and tightness. The provider modifies their request for 12 visits to a request for six visits. Six acupuncture visits were certified on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Therapy sessions for the neck and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture with functional improvement in 2013. It appears the appeal in 4/2014 was submitted after the certification of six visits was rendered. Six additional sessions were certified in 4/2014. The provider failed to document functional improvement associated with the completion of her most recent acupuncture visits. Further acupuncture is not medically necessary without documented functional improvement from the most recently approved acupuncture. Therefore, 12 Acupuncture Therapy sessions for the neck and left shoulder are not medically necessary.