

Case Number:	CM14-0055585		
Date Assigned:	07/09/2014	Date of Injury:	12/27/2011
Decision Date:	09/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Board Certified in Occupational Medicine 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 patient is 30-year-old female who was injured on 12/27/2011. The mechanism of injury is unknown. Prior treatment history has included Bupropion, and Buspirone, NyQuil and Xanax. She has been treated conservatively with physical therapy, chiropractic care, and home exercise program. She has had acupuncture treatment but stated her pain became worse after her first session and did not receive authorization to continue. Progress report dated 03/03/2014 documented the patient complained of neck and right shoulder pain. There has been gradually worsening of her neck and right shoulder symptoms. Objective findings on exam revealed range of motion of the cervical spine produced increased neck pain on extremes of motion, greater on extension than flexion. She has tenderness to palpation over the trapezius and paracervical musculature bilaterally. The right shoulder is mildly decreased with increased pain on range of motion. Diagnostic impressions are bilateral shoulder subacromial impingement syndrome; cervical sprain/strain and anxiety and depression. The patient has been recommended acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accupunture without stimulation 15 min, 2 weeks, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, acupuncture may be recommended when pain medication is reduced or not tolerated as an adjunctive treatment to hasten recovery. 3 to 6 visits are recommended initially with treatment extension dependent upon functional improvement. This is a request for 6 visits of acupuncture for a 30-year-old female injured on 12/27/11 with chronic neck and shoulder pain, anxiety and depression. However, the patient's pain reportedly worsened after the initial acupuncture visit, and she did not want to continue acupuncture treatment. Medical necessity for 6 visits of acupuncture is not established.