

Case Number:	CM14-0057177		
Date Assigned:	07/09/2014	Date of Injury:	05/10/2006
Decision Date:	09/11/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on May 10, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 27, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated full range of motion of the cervical spine with some limitations with rotation. Trigger points were noted along the posterior neck, and shoulder. Diagnostic imaging studies were not reviewed during this visit. Treatment includes acupuncture and oral medications. A request had been made for acupuncture once a week for six weeks for the neck and shoulder, and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment, 1 time a week for 6 weeks for neck and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Special Topics. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: A review of the attached medical record indicates that the injured employee has had prior treatment with acupuncture. According to the California Chronic Pain Medical Treatment Guidelines acupuncture can be used when pain medication is reduced or not tolerated. There is no documentation that the injured employee has reduced or cannot tolerate pain medication either prior to or during the previous acupuncture treatments. The request for additional acupuncture treatment once a week for six weeks for the cervical neck and shoulders is not medically necessary.