

Case Number:	CM14-0058779		
Date Assigned:	09/10/2014	Date of Injury:	08/03/2009
Decision Date:	11/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 Acupuncture, has a subspecialty in Chiropractor and is licensed to practice in Texas. 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 47-year-old female reported an injury on 08/03/2009. Reportedly, while at work checking groceries, she sustained injuries to her neck, shoulder, back, and right arm. Her treatment included x-rays, medications, physical therapy, MRI studies, EMG/NCV studies, acupuncture sessions, and a wrist brace. The injured worker was evaluated on 03/19/2014, and it was documented the injured worker returned to work and was working part time with restrictions of no lifting over 30 pounds. She was receiving chiropractic treatment and acupuncture treatment which she had found very helpful. The injured worker continued to note benefit from her current pain medication regimen. She continued to utilize Norco 10/225 mg and Ambien at night for insomnia secondary to chronic pain. The injured worker reported with the use of her current pain medication regimen, her pain was decreased to 6/10 on the pain scale and without pain medication, it would increase to 9/10 on the pain scale. Physical examination of the cervical spine revealed tenderness over the bilateral paraspinal musculature. Cervical spine range of motion was flexion 35 degrees, extension 45 degrees, right/left rotation was 80 degrees. With left shoulder range of motion, there continued to be near full range of motion of the shoulder; however, it was painful at the end range of abduction and forward flexion. The right upper extremity remained to have decreased sensitivity and numbness along the C5 through C7 dermatomal pattern. Diagnoses included myofascial pain syndrome, cervical sprain/strain, disc protrusions at C4-5 and C5-6 per MRI, carpal tunnel syndrome, and status post left shoulder arthroscopy. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture and chiropractic 1x6 to the cervical spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chiropractic Physical Medicine Page(s): 58.

Decision rationale: The California MTUS guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. Acupuncture" is used as an option when pain medication is reduced or not tolerated, it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The documentation submitted for review indicates the injured worker has had conservative care to include physical therapy and acupuncture sessions approximately since 11/10/2009 to 10/08/2013. It was documented the injured worker stated acupuncture and chiropractic treatment helped. However, previous therapies was not submitted for this review. Moreover, there is lack of long term objective functional improvement on the prior conservative treatment the injured worker has received. As such, the request for acupuncture and chiropractic 1 x6 to the cervical spine and left shoulder is not medically necessary.