

Case Number:	CM14-0062369		
Date Assigned:	07/11/2014	Date of Injury:	03/05/2012
Decision Date:	09/06/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 a 48-year-old female who has submitted a claim for cervical strain, left shoulder contusion, and left shoulder tendinosis with non-retracted partial tear; associated with an industrial injury date of 03/05/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of constant left shoulder pain, graded 6-7/10, and cervical spine pain, graded 7-8/10, accompanied by radicular symptoms in the bilateral upper extremities. Moving her bilateral hands causes pain in her head and face. Grip strength was reportedly decreased. Physical examination showed tenderness of the cervical spine and the left AC joint and subacromial bursal region. Range of motion and myospasms of the cervical spine was noted. Hawk's test was positive on the left shoulder. Treatment to date has included medications, acupuncture, chiropractic therapy, physical therapy, and epidural steroid injection. Utilization review, dated 04/23/2014, denied the request for 8 sessions of acupuncture for the cervical spine because the number of treatments received to date and the patient's functional response from prior acupuncture was not specified in the records for review, and the present request exceeds the recommended number of sessions, and there was no indication that the patient cannot tolerate her medication regimen or that she will engage in active rehabilitation in conjunction with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Treatments may be extended if functional improvement is documented. In this case, the patient started physical therapy on April 15, 2014. Guidelines support the use of acupuncture in conjunction with physical therapy. However, the present request exceeds the number of sessions recommended to produce functional improvement. Therefore, the request for 8 sessions of acupuncture for the cervical spine is not medically necessary.