

Case Number:	CM14-0065652		
Date Assigned:	07/09/2014	Date of Injury:	11/25/2012
Decision Date:	08/21/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 11/25/2012. The mechanism of injury was not provided in the medical records. Her diagnoses include myofascial pain syndrome, cervical and lumbar strain, right rotator cuff syndrome, cervical radiculopathy, and lumbosacral radiculopathy. Her previous treatments were noted to include acupuncture and medications. On 04/16/2014, the injured worker presented with complaints of right shoulder and cervical spine pain. Her physical examination revealed a positive impingement sign on the right shoulder, a positive Spurling's test of the cervical spine, decreased sensation in the right foot and hand, decreased range of motion of the right shoulder. She was also noted to have decreased range of motion in the cervical spine and lumbar spine by 10% in all planes. This was unchanged from her previous visit on 03/06/2014, which also noted decreased range of motion by 10% in the right shoulder, cervical spine, and lumbar spine. Her medications were noted to include Naprosyn, omeprazole, Flexeril, and Neurontin. The treatment plan included a third round of acupuncture. The request was based on the noted greater than 50% relief of symptoms for more than 6 weeks after previous acupuncture treatment. The Request for Authorization form was submitted on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional (3rd round) acupuncture 2x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC Corpus Christi, TX; www.odg.twc.com; Section Low Back - Lumbar & Thoracic (Acute and Chronic) (updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested treatment is not medically necessary. According to the California MTUS Acupuncture Guidelines, acupuncture treatment may be supported when pain medication is reduced or not tolerated when used as an adjunct to physical rehabilitation and/or surgical intervention to promote functional gains. The guidelines further state that acupuncture may be supported 1 to 3 times per week for up to 2 months with treatments being extended with documentation of functional improvement following previous visits. The clinical information submitted for review indicated that the injured worker has completed 2 courses of acupuncture treatment. However, the number of visits completed was not specified. In addition, the injured worker was noted to have a 50% decrease in symptoms for 6 to 8 weeks following previous treatment. However, the documentation indicates that she had made no gains in range of motion with previous treatments. In the absence of documentation showing evidence of measurable objective functional gains with previous treatments, additional visits are not supported. In addition, the documentation did not indicate that the injured worker was utilizing acupuncture as an adjunct to physical rehabilitation or surgical intervention. Therefore, the request is not supported. As such, the request for acupuncture treatment is not medically necessary.