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| Case Number: | CM14-0066463 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/09/1998 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 Chiropractic and Acupuncture 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 injured worker is a 63 year old female who reported neck and right shoulder pain from injury sustained on 03/09/98 when she was kneeling in front of a file cabinet that fell forward hitting her on the neck. MRI (2005) of cervical spine revealed tiny non compressive central protrusions at C2-3 and C6-7 with equivocal central annular fissures versus tiny protrusions at C5-6. Patient is diagnosed with cervical spondylosis without myelopathy; right shoulder joint pain; status post arthroscopic busectomy, debridement, acromioplasty, excision of coracoacromial ligament. Patient has been treated with left shoulder arthroscopy (2004); left shoulder manipulation under anesthesia (2004); epidural injection; medication; physical therapy and acupuncture. Per acupuncture progress notes dated 11/26/13, patient has persistent pain. She is currently using acupuncture and medication. She finds acupuncture is decreasing the spasms and muscle pain she experiences. She also uses medications which are very effective. Per acupuncture progress notes dated 12/18/13, patient has been doing better with acupuncture and she had moderate decrease in pain. Patient continues to have ongoing chronic neck pain. She does report significant restriction in range of motion of cervical spine and reports difficulty looking up and down. She has had some improvement in pain and decrease in flare-up since undergoing course of 6 acupuncture treatments. Per medical notes dated 03/19/14, she reports headaches, neck pain and numbness. Per medical notes dated 04/16/14, patient complains of continued severe neck pain. Provider is requesting additional 6 acupuncture treatments which were denied by the utilization review. Per UR appeal dated 05/05/14, she did find the acupuncture sessions to be beneficial in pain reduction, overall functional improvement and improving her quality of life; she did report a moderate decrease in her neck pain and in intensity/ frequency of muscle spasm. There is no assessment in the provided medical records of

functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the neck quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 11/26/13, she finds that acupuncture is decreasing the spasm and muscle pain she experience. Per acupuncture progress notes dated 12/18/13, patient reports she has been doing better with acupuncture and she had moderate decrease in pain and decrease in flare-up since undergoing acupuncture. Acupuncture progress notes fail to document any function improvement in activities of daily living i.e. able to do think she wasn't able to prior to acupuncture treatment; the patient is considered permanent and station and is retired. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.

Acupuncture to the neck additional 15 minutes quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3

times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 11/26/13, she finds that acupuncture is decreasing the spasm and muscle pain she experience. Per acupuncture progress notes dated 12/18/13, patient reports she has been doing better with acupuncture and she had moderate decrease in pain and decrease in flare-up since undergoing acupuncture. Acupuncture progress notes fail to document any function improvement in activities of daily living i.e. able to do think she wasn't able to prior to acupuncture treatment; the patient is considered permanent and station and is retired. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments with additional 15 minutes are not medically necessary.

Infrared quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per ODG guidelines: Not recommended over other heat therapies. California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. The medical notes have not offered an evidence-based medical justification that supports this treatment request. Per review of evidence and guidelines, 6 infrared therapy treatments are not medically necessary.