

Case Number:	CM14-0067420		
Date Assigned:	07/11/2014	Date of Injury:	12/10/2013
Decision Date:	09/03/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehab and is licensed to practice in Georgia. 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 34 year old male who was injured on 12/10/2013. He developed job related injuries due to the repetitive nature of his job. Initial report dated 04/07/2014 documented the patient to have complained of neck pain radiating to the right shoulder, arm, hand and fingers. He reported the pain increased with turning the head from side to side, flexing and extending; prolonged sitting and standing. He rated his neck pain a 7-8/10. He reported constant right shoulder pain, 5-6/10. Instability, clicking, grinding, and popping were reported, as well as swelling, numbness, tingling, and burning sensations. He also reported low back pain and rated this pain as a 4-5/10. His activities of daily living were affected as well as his sleep. The documentation reported the patient had prior physical therapy and acupuncture treatment with some relief of symptoms. On exam, the cervical and lumbar spine revealed tenderness in the paraspinal region. Deep tendon reflexes were 2+ in all muscle planes. Motor strength is 5/5 in all muscle planes. Cervical spine examination revealed flexion of 10, extension of 15, right lateral tilt of 20, left lateral tilt of 15, right lateral rotation of 50, left lateral rotation of 50. Trapezial tenderness was present. Shoulder examination noted 5/5 motor strength throughout except right scapular abduction. Rotator cuff exam on right noted tenderness at the greater tuberosity, tenderness at the subacromial bursa, positive NEER and Hawkin's test. Range of motion testing on right revealed flexion of 150, abduction 140, internal rotation behind back to L3, extension and adduction to 30. Range of motion testing otherwise normal of bilateral shoulders. The lumbar spine revealed a normal gait. There was tenderness noted bilaterally in the paraspinal region and the midline lumbar spine. Range of motion of the lumbar spine revealed flexion to 50; extension to 10; right lateral tilt to 15; left lateral tilt 15; right rotation to 20; and left rotation to 15. Straight leg raise test did not reproduce leg pain in the seated or supine positions. Neck flexion, femoral stretch both negative. Extension positive for pain over

facet joints. The patient was diagnosed with cervical spine discogenic neck pain with right upper extremity radiculopathy; right shoulder impingement syndrome; and lumbosacral sprain/strain syndrome. A recommendation was made for acupuncture treatment once a week for 6 weeks. Prior utilization review dated 05/02/2014 states the request for 6 Acupuncture therapy visits for the lumbar spine, once a week for 6 weeks as an outpatient was denied as medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture therapy visits for the lumbar spine, once a week for 6 weeks as an outpatient.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture, right shoulder.

Decision rationale: The Official Disability Guidelines (ODG) recommends acupuncture as an option for treatment of pain in some cases. While the mechanism of action is not fully understood, acupuncture has been found to be helpful for treating some types of pain. ODG notes that acupuncture is not recommended for acute low-back pain, but is recommended as an option or treatment of chronic low back pain using a short course in conjunction with other active interventions. It is under study for use in the upper back, but not recommended for use in the neck. It is recommended as an option for treatment of rotator cuff tendinitis. Recommendations are for 3-4 initial trial treatments over 2-weeks. With evidence of reduced pain and medication use, and objective functional improvement, a total of up to 8-12 visits over 4-6 weeks may be appropriate. Evidence is inconclusive for repeating this procedure beyond and initial short course of therapy. Medical Utilization Treatment Schedule (MTUS) refers to 9792.24.1 of Title 8, California Code of Regulations in regards to acupuncture. 9792.24.1 of Title 8, California Code of Regulations note that acupuncture is used as an option when pain medication is reduced or not tolerated, or can be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is noted that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is recommended that acupuncture be performed with an expected time to functional improvement as 3 to 6 treatments, a frequency of 1 to 3 times per week, and an optimum duration of 1 to months. It is noted that acupuncture can be extended if functional improvement is documented. The medical records indicate the patient has already undergone an unknown number of acupuncture treatments on an unknown date. No documentation of objective functional improvement, or quantitative reduction in pain or medication is documented. Based on

the ODG and 9792.24.1 of Title 8, California Code of Regulations guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.