

Case Number:	CM14-0075139		
Date Assigned:	07/18/2014	Date of Injury:	11/14/2012
Decision Date:	12/02/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 51 year old female who reported neck, low back, left shoulder and left knee pain from injury sustained on 11/14/12. Mechanism of injury was not documented in the provided medical records. MRI of the left shoulder revealed type1 acromion process with bursitis; severe AC joint hypertrophy; fluid and bone marrow edema. Patient is diagnosed with cervicgia, disc disorder of lumbar and cervical spine; lumbago. Patient has been treated with medication, left shoulder surgery and physical therapy. Per medical notes dated 03/07/14, patient complains of constant pain in the back and neck with radicular symptoms. Examination revealed tenderness and spasm in the cervical and lumbar spine. Per medical notes dated 04/23/14, patient complains of constant neck and low back pain with radiation. Examination revealed tenderness to palpation and decreased range of motion. It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial. Provider requested 1X6 for neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACCUPUNCTURE 1X6 (LUMBAR, CERVICAL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section Neck pain, <Insert Topic (Acupuncture)>>

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial. Provider requested 1X6 for neck and low back. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is not tolerated or decreased which was not documented in the provided medical records. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 1X6 Acupuncture visits are not medically necessary.