

Case Number:	CM14-0077314		
Date Assigned:	07/18/2014	Date of Injury:	09/29/2011
Decision Date:	09/17/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/27/2014

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 44-year-old female who reported neck, low back and right shoulder pain from injury sustained on 09/29/11 while she was pulling up a resident inn bed. Left hip X-rays were normal. Electrodiagnostic studies of the lower extremity were normal. Magnetic resonance imaging (MRI) of the cervical spine revealed mild central protrusion at C4-7. Patient is diagnosed with lumbar degenerative disc disease, chronic low back pain, lumbar discogenic pain; lower extremity paresthesia; depression; cervical pain; right arm paresthesia; right shoulder pain; cervical retrolisthesis; right supraspinatus tendinosis; biceps tenosynovitis; osteoarthropathy of the acromioclavicular (AC) joint on the right and right subacromial bursitis with glenohumeral (GH) joint effusion. Patient has been treated with medication, therapy and trigger point injection. Per medical notes dated 03/18/14, patient complains of constant pain in her low back, neck, right arm, hand and bilateral knees. Medication helps with the pain. She cannot drive or sit for 5 minutes, stand in one spot for 3 minutes and walk for 5 minutes and cannot lift more than 5 pounds. She cannot shop for groceries, carry anything or do much in the way of house cleaning. Examination revealed decreased range of motion and tenderness to palpation. Per medical notes dated 03/26/14, patient has had increased pain in her left shoulder and neck area for the past 5-6 days. She continues with tingling, pins and needles, aching type pain in her low back and aching in bilateral legs around her knees. She has numbness in her toes. Pain without medication is 7-8/10 and with medication is 5-6/10. Provider is requesting six acupuncture treatments for the right shoulder. Patient has been authorized six acupuncture treatments on 4/11/14; medical notes did not document any subjective or objective improvement with visits administered (if any). 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder: 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 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". Per notes dated 04/11/14, patient has been authorized for 6-acupuncture treatment. 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. 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, six acupuncture treatments are not medically necessary.