

Case Number:	CM14-0091923		
Date Assigned:	07/25/2014	Date of Injury:	04/02/2013
Decision Date:	10/02/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 Acupuncture, has a subspecialty in Chiropractic 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, upper back, low back, bilateral shoulder and bilateral wrist pain from injury sustained on 04/02/13. Mechanism of injury is not documented in the provided medical records. MRI of the left shoulder revealed AC arthritis with bone spurs causing impingement of the rotator cuff. MRI of the cervical spine revealed multilevel disc bulges associated with cervical degeneration. MRI of the lumbar spine revealed multilevel disc bulges associated with degenerative joint disease. Patient is diagnosed with lumbar disc displacement with myelopathy; cervical disc herniation with myelopathy; thoracic disc displacement without myelopathy; bursitis and tendinitis of bilateral shoulders; bilateral rotator cuff syndrome and tendinitis/ bursitis of bilateral hands/wrists. Per medical notes dated 03/19/14, with acupuncture treatments patient had had functional improvement; she is able to reach into higher cabinets, decreased medication from as needed to none, decreased pain from 6 to 5.5 and increased range of motion of bilateral shoulders and wrists. Per medical notes dated 04/30/14, patient continues to have functional improvement with treatment. She is able to walk 20-30 minutes, decreased medication intake from 1 pill to half when needed and increased left shoulder range of motion from 28 to 40 degrees of shoulder abduction. Per medical notes dated 04/30/14, patient complains of occasional moderate neck pain that was described as stiffness and was aggravated by overhead work. Patient complains of moderate to severe throbbing low back pain. Patient complains of bilateral shoulder and wrist pain which is sharp and made worse with repetitive injury. The patient is responding well to acupuncture and is approaching permanent and stationary status. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 to the Cervical, Thoracic, Lumbar Spine, Right Shoulder and Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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". Patient has had prior acupuncture treatment. Per medical notes dated 03/19/14, with acupuncture treatments patient had had functional improvement; she is able to reach into higher cabinets, decreased medication from as needed to none, decreased pain from 6 to 5.5 and increased range of motion of bilateral shoulders and wrists. Per medical notes dated 04/30/14, patient continues to have functional improvement with treatment. She is able to walk 20-30 minutes, decreased medication intake from 1 pill to half when needed and increased left shoulder range of motion from 28 to 40 degrees of shoulder abduction. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. 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 which the medical notes have documented. Per review of evidence and guidelines, additional 6 acupuncture treatments are medically necessary.