

Case Number:	CM14-0098648		
Date Assigned:	07/28/2014	Date of Injury:	03/05/2012
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 48-year-old female who reported neck and shoulder pain from injury sustained on 03/05/12 due to cumulative trauma. Electromyography and Nerve Conduction Velocity (EMG/NCV) (05/10/12) revealed acute bilateral C5 and C6 cervical radiculopathy. MRI of the left shoulder (08/12/13) revealed supraspinatus tendinosis with non-retracted partial tear. MRI of the cervical spine (05/13/14) revealed multilevel disc desiccation; multilevel annular bulges with mild biforaminal narrowing, more on the right. Patient is diagnosed with cervical strain with radiculopathy, chronic multilevel degenerative disc and facet disease, left shoulder contusion and left shoulder tendinosis. Patient has been treated with medication, physical therapy, acupuncture, and cervical injection. Per medical notes dated 05/12/14, patient complains of constant pain in her neck rated at 7-8/10 and left shoulder rated at 6-7/10. Patient complains of numbness and tingling in her left hand. She states the pain in her neck radiates through her arms. Per medical notes dated 06/09/14, patient complains of neck pain rated at 7/10 and left shoulder pain rated at 7-8/10. Patient states that the pain in her neck travels through her arm. She reports numbness and tingling in her left arm. Examination revealed tenderness to palpation of the cervical spine with decreased range of motion and left shoulder tenderness over the left AC joint and subacromial bursa region with limited range of motion. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Sessions of Acupuncture for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (neck and upper back)>, (Acupuncture).

Decision rationale: Per MTUS- 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. 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. Furthermore, Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.