

Case Number:	CM13-0019816		
Date Assigned:	10/11/2013	Date of Injury:	10/17/2012
Decision Date:	01/23/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Acupuncturist, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a male employee who has filed an industrial claim for left shoulder, lumbar, thoracic, and cervical injury that occurred on 10/17/12. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain in his left shoulder and his cervical, thoracic, and lumbar spine. The treating physician on 8/15/13 requested six sessions of electro-acupuncture to treat his pain and to reduce some of his symptoms. Records indicate the applicant did receive prior acupuncture treatments and continues to complain of symptoms and pain. The applicant's diagnosis consists of cervical sprain/strain, thoracic sprain/strain, lumbosacral disc herniation, right lumbosacral radiculopathy, and left shoulder rotator cuff injury with bursitis and tendonitis. His treatment to date includes, but is not limited to, physical therapy, prior electro acupuncture therapy, modified work duty and total temporarily disabled, MRI of left shoulder, X-rays, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 8/22/13, the UR determination did not approve the six sessions of electro-acupuncture based on lack of documentation as of the scope, nature, and outcome of prior therapy and conservative treatments utilized to substantiate the need for electro acupuncture therapy. Therefore, the advisor denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of electro-acupuncture for the left shoulder/thoracic/lumbar/cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines <http://www.ncbi.nlm.nih.gov/pubmed/21276188>

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial or additional acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to his medication, recent involvement in physical rehabilitation program and the prolonged Total Temporarily Disabled work status is evident of a lack of a treatment program focused on functional recovery. There is no clinical evidence the claimant received acupuncture previously. However the treating physician requested the applicant to continue with electro-acupuncture therapy on 8/5/13, but documentation of such visits happening, either factual or implied, and outcomes of such visits do not exist. Therefore, given the MTUS guidelines including additional acupuncture requires clinical evidence of "functional improvement" as defined by MTUS, the request of six sessions of acupuncture is not medically necessary.