

Case Number:	CM13-0023404		
Date Assigned:	11/15/2013	Date of Injury:	07/22/1992
Decision Date:	05/01/2015	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 59 year old female, who sustained an industrial injury on July 22, 1992. The injured worker was diagnosed as having residual neck pain status post fusion and discectomy at cervical 5-6 and cervical 6-7 in 1995. Treatment to date has included physical therapy, interventional pain injections, trigger point injections, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, and medications including long-acting pain, anti-epilepsy, and migraine medication. On July 17, 2013, the treating physician reports residual neck pain status post fusion and discectomy at cervical 5-6 and cervical 6-7 in 1995. She has neuropathic pain in the neck and arms and cervicogenic migraines. Her headaches that begin with diamond pattern visual disturbances and posterior headache pain radiating to the eyes. Her migraine medication stops the migraine progression and keeps it from lasting for days. She decreased her long-acting pain medication to none with the use of self-procured acupuncture, and has not had any in the past two weeks. She has numbness and tingling of the right shoulder and occasionally down the right arm. The physical exam revealed full strength to large muscle groups, restricted cervical spine range of motion, very tight and hypertonic bilateral trapezius left greater than right, and no upper motor neuron signs and decreased intrinsic right side strength. The treatment plan includes a request for 12 sessions of acupuncture for pain control to support the discontinuation of the long-acting pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the shoulder, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Shoulder: Initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks.

Decision rationale: The acupuncture guidelines does not cover shoulder injuries (9792. 21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints). The Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The patient underwent an unknown number of acupuncture sessions in the past with frank reduction of medication intake documented (Oxycontin, narcotic). As stated before the guidelines could support additional visits based on the elimination of narcotic usage attributable to acupuncture, but as the number of prior sessions was not documented, additional acupuncture (x12) is not supported for medical necessity.