

Case Number:	CM13-0051494		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2013
Decision Date:	04/21/2015	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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: Chiropractor, 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 (IW) is a 62 year old male who sustained an industrial injury on 06/21/2013. He reported pain in the neck and upper back. The injured worker was diagnosed as having cervical degenerative disc disease, cervical strain. Treatment to date has been recommended for physical therapy and acupuncture. Currently, the injured worker complains of the neck and upper back pain. A plan of care includes 6 Acupuncture for the left shoulder 2 xs per week for 3 weeks as an outpatient. These were requested retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatments (initial 6-sessions, 2 times a weeks for 3 weeks for the left shoulder): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. It recommends an initial trial of 3-6 sessions with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Based on the submitted documents, there was no evidence that the patient had prior acupuncture treatments; therefore, a trial of acupuncture may be necessary. The provider's request for 6 acupuncture sessions to the left shoulder is medically necessary at this time.