

Case Number:	CM14-0175938		
Date Assigned:	12/15/2014	Date of Injury:	03/31/2008
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 65 year old female with an injury date on 03/31/2008. Based on the 09/30/2014 progress report provided by the treating physician, the diagnoses are: Pain in joint shoulder; Sprains and strains of neck; Sprain strain lumbar region; Degeneration cervical disc and Pain psychogenic NEC. According to this report, the patient complains of "chronic left side neck pain which radiates to the left upper back and left trapezius. However, the pain is decrease with the treatments provided." The patient also has pain in the left shoulder going across the left shoulder and difficulty with elevation of the left arm above shoulder height. Physical exam reveals tenderness over the left posterior neck, left trapezius, medial border of the scapula, left upper thoracic paraspinal muscles, the lumbar paraspinal muscles primarily on the left. Range of motion of the left shoulder and cervical spine is restricted. There were no other significant findings noted on this report. The utilization review denied the request for Continued Acupuncture Sessions Neck 1x6 and Continued Acupuncture Sessions Left Shoulder 1x6 on 10/21/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/24/2014 to 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture Sessions Neck 1x6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 09/30/2014 report, this patient presents with chronic left side neck pain which radiates to the left upper back and left trapezius. However, the pain is decrease with the treatments provided. Per 10/20/2014 report, the current request is for Continued Acupuncture Sessions Neck 1x6. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. In this case, medical records indicates that the patient had completed #6 of 6 approved sessions of acupuncture treatments on 10/14/2014 and "continues to do well with the provided acupuncture treatments." The treating physician has documented that the patient had functional improvement with treatments. The guidelines states "Acupuncture treatments may be extended if functional improvement is documented." Therefore, the request is medically necessary.

Continued Acupuncture Sessions Left Shoulder 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 09/30/2014 report, this patient presents with chronic left side neck pain which radiates to the left upper back and left trapezius. However, the pain is decrease with the treatments provided. Per 10/20/2014 report, the current request is for Continued Acupuncture Sessions Left Shoulder 1x6. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. In this case, MTUS does not mention shoulder complaints as one of the indications for acupuncture treatment. Therefore, the request is not medically necessary.