

Case Number:	CM14-0176064		
Date Assigned:	10/29/2014	Date of Injury:	03/06/2014
Decision Date:	01/28/2015	UR Denial Date:	09/24/2014
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 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 51 year old female who reported neck, low back, mid-back, and bilateral shoulder pain from injury sustained on 03/106/14 due to cumulative trauma. MRI of the lumbar spine revealed multiple disc protrusions. Patient diagnosed with cervical herniation with myelopathy; thoracic and lumbar spondylosis without myelopathy; carpal tunnel syndrome; tendinitis/ bursitis of bilateral hands, wrists and shoulder. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 09/03/13, patient complains of constant severe pain that was described as stiffness and popping. Pain is aggravated by twisting and turning her neck. Patient reports tingling and pain radiating into bilateral arms along with spasms. Patient complains of constant moderate low back pain that is described as burning. Patient has constant moderate bilateral shoulder pain that is made worse by overuse and house work. Patient complains of constant moderate bilateral wrists and hand pain that increases with gripping. She also reported numbness and tingling to the area. Examination revealed +3 spasm and tenderness to bilateral paraspinal muscles. Per medical notes dated 09/03/14, since starting acupuncture patient is sable to grocery shoulder and has been able to decrease medication of flexeril 1pill daily to 1-2 weekly. Medical reports reveal evidence of changes or improvement in findings, revealing a patient who has achieved 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:

Acupuncture 3 x week x 2 weeks for Cervical, Lumbar, Thoracic, Bilateral Shoulders, and Bilateral Wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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. Per medical notes dated 09/03/14, since starting acupuncture patient is able to grocery shop and has been able to decrease medication of flexeril 1 pill daily to 1-2 weekly. Medical reports reveal evidence of changes or improvement in findings, revealing a patient who has achieved 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. Per review of evidence and guidelines, 6 acupuncture treatments are medically necessary.