

Case Number:	CM14-0186800		
Date Assigned:	11/14/2014	Date of Injury:	06/12/2009
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 46 year old female who sustained an injury to her right shoulder, neck and low back while helping to move boxes of medical records and equipment on June 12, 2009. Diagnoses include lumbar sprain, brachial neuritis or radiculitis, intervertebral disc disorder with myelopathy and neck sprain. On November 12, 2013, physical examination of the bilateral shoulders showed a positive impingement test bilaterally. The range of motion was within normal limits. Minimal tenderness was noted on palpation at the cervical spinous processes and bilateral lumbar paraspinal musculature. Lumbar and cervical spine range of motion was intact. In physician's progress report dated September 2, 2014, the injured worker rated her shoulder and spinal pain 9-10 on a pain scale of 1-10. Treatment modalities included physical therapy, home exercises, medications, right shoulder subacromial space steroid injection. She stated that the injection helped to relieve her pain but it then recurred. The physician stated that she would be a good candidate for right shoulder subacromial decompression with possible rotator cuff repair. A request was made for acupuncture 2 times a week for 4 weeks for the cervical and lumbar spine. On October 17, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and lumbar spine, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, Acupuncture

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2 times 4 acupuncture treatments for neck and low back which were denied by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.