

Case Number:	CM14-0201344		
Date Assigned:	12/11/2014	Date of Injury:	05/06/2013
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Chiropractor (DC), has a subspecialty in 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 30 year old female/male who reported neck and left shoulder pain from injury sustained on 05/06/13. Mechanism of injury was not documented in the provided. Patient is diagnosed with cervical herniated nucleus pulposus with radiculopathy and unspecified derangement of joint-shoulder region. Patient has been treated with medication, physical therapy, acupuncture, post-op bilateral carpal tunnel release, and chiropractic. Per medical notes dated 10/27/14, patient continues to suffer from left shoulder pain, decreased range of motion and weakness. She complains of pain that originates in the left shoulder and radiates into the cervical spine and down into the left shoulder blade. She has completed 6 acupuncture treatments for cervical spine and reports decreased pain. She continues to report relief of bilateral hands/ wrists following her carpal tunnel release and is currently performing a home exercise plan. Patient complains of low back pain, left greater than right. Provider requested additional 1X6 acupuncture treatments for left shoulder and cervical pain which were modified to 1X3 by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for 6 weeks to the left shoulder and cervical: Upheld

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

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. Provider requested additional 1X6 acupuncture treatments for left shoulder and cervical pain which were modified to 1X3 by the utilization review. Per utilization review, patient reported decreased pain and increased range of motion of 5-10 degrees. Per medical notes dated 10/27/14, she has completed 6 acupuncture treatments for cervical spine and reports decreased pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant 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, 1X6 acupuncture treatments are not medically necessary.