

Case Number:	CM14-0203323		
Date Assigned:	12/15/2014	Date of Injury:	03/07/2008
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This 65-year-old female sustained work related industrial injuries on March 7, 2008. The mechanism of injury was not described. The injured worker subsequently complained of neck pain, bilateral trapezial pain and right upper extremity pain. The injured worker was diagnosed and treated for cerviobrachial syndrome. Treatment consisted of diagnostic studies, prescribed medications, acupuncture therapy, trigger point injections, physical therapy, heat/ice application, consultation and periodic follow up visits. Per treating provider report dated September 23, 2014, physical exam revealed tenderness over the cervical paraspinals. Trigger points of the bilateral trapezius and bilateral supraspinatus with positive evidence of a twitch response and referred pain with palpitation. Documentation also noted a decreased range of motion in all planes of the cervical spine. The injured worker is retired. The treating physician prescribed services for continuation of acupuncture once a week for eight weeks now under review. On November 20, 2014, the Utilization Review (UR) evaluated the prescription for the continuation of acupuncture once a week for eight weeks requested on November 13, 2014. Upon review of the clinical information, UR non-certified the request for continuation of acupuncture once a week for eight weeks, noting the lack of supporting functional improvement and lack of sufficient clinical documentation to substantiate the medical necessity for continued treatments and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of acupuncture once a week for eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends acupuncture for chronic pain. It states that acupuncture may be extended if there is documentation of functional improvement. According to the progress report dated 9/24/2014, the patient completed 3 acupuncture sessions and stated that acupuncture was found to be very helpful; however, there is no documentation of functional improvement. Based on the submitted documents and evidence-based guidelines, the request for 8 additional acupuncture sessions is not medically necessary.