

Case Number:	CM14-0042494		
Date Assigned:	06/30/2014	Date of Injury:	07/20/2011
Decision Date:	02/09/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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), 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 is a female who suffered an industrial related injury on 7/20/11. A physician's report dated 11/7/13 noted the injured worker was continuing with physical therapy that was providing temporary improvement. The injured worker reported no lasting improvement with therapy however. The injured worker was participating in a home exercise program and was taking Norco 7.5/325 mg. Diagnoses included cervical sprain/strain with regional myofascial pain syndrome. The physician noted that a trial period of acupuncture, 1 time per week for 6 weeks, for the persistent pain in the neck and shoulder was recommended. The injured worker was temporarily totally disabled due to panic attacks. A physician's report dated 2/28/14 noted the injured worker had completed 6 sessions of acupuncture. Pain had decreased with acupuncture but pain relief lasted for less than a 24 hour period. The physician noted acupuncture reports indicate good progress with decreased pain and increased active range of motion of the right shoulder. On 3/10/14 the utilization review physician denied the request for acupuncture for the right shoulder and cervical spine 1 time per week for 6 weeks. The UR physician noted the medical records provided indicate a subjective worsening of pain. There are no prior progress reports available which compare subjective and objective data, nor are there any acupuncture progress reports referencing the same. In the absence of evidence of ongoing functional improvement the Medical Treatment Utilization Schedule guidelines do not support additional acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 on the right shoulder and cervical spine: 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. There is lack of evidence that prior acupuncture care was of any functional benefit. 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.