

Case Number:	CM14-0080470		
Date Assigned:	07/18/2014	Date of Injury:	03/09/2004
Decision Date:	01/14/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal Medicine 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 57 year old female sustained a work related injury on 03/09/2004. According to Utilization Review, the injury occurred from repetitive lifting of 20 lb. boxes of coins. As of an office visit dated 04/28/2014, the injured worker complained of pain in the upper back, arms and neck. Pain radiated to the right arm. Pain was described as an ache, burning, deep, discomforting, piercing, sharp, shooting, stabbing and throbbing. Symptoms were aggravated by extension, flexion, jumping, rolling over in bed, and running, sneezing and walking. Symptoms were relieved by heat, lying down, massage, pain meds/drugs and rest. Pain was rated 7-10 on a scale of 1-10 without medication. Pain was rated 2-3 with medications. The injured worker reported that with medications she was able to do simple chores around the house and minimal activities outside of the home two days a week. Without medications, she reported that she gets out of bed but doesn't get dressed and stays home all day. Chronic problems included myalgia and myositis unspecified, carpal tunnel syndrome, chronic pain due to trauma, headache, cervical radiculopathy, cervical spinal fusion, degenerative disc disease cervical, COAT, carpal tunnel release, chronic pain syndrome, muscle spasms and failed back surgery syndrome cervical. Cervical spine evaluation revealed atrophy absent, gait normal with no assistive devices, posture symmetrical, healed surgical scars, max tenderness at the cervical paraspinal region. Sensory was noted as decreased in the left and right deltoid patch, lateral forearm, 1st web space, thumb/index and middle finger and was normal at the ulnar hand, medial forearm and medial arm. There was limited active range of motion with limiting factors of pain. There was severe restriction with flexion, extension and lateral bending. She had taut bands with twitch responses over the shoulders. Plan of care included renew medications, continue to monitor periodically for adherence, request acupuncture and follow up in two months. Work status was noted as permanent and stationary. Radiographic imaging reports were not submitted for review. There

was also no documentation of prior acupuncture sessions. On 05/09/2014 Utilization Review modified acupuncture x 8 that was requested on 05/02/2014. According to the Utilization Review physician the injured worker does not appear to have had any acupuncture sessions. MTUS Acupuncture guidelines were referenced which states time to produce functional improvement 3 to 6 treatments. Four acupuncture sessions were recommended since it did not appear that the injured worker had acupuncture before. The 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 x8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture eight sessions is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration for acupuncture. Initial trials 3 to 4 visits over two weeks; evidence of reduced pain, medication use and objective functional improvement; total up to 8 to 12 visits 4 to 6 weeks. In this case, the latest progress note in the medical record is dated April 28, 2014. The injured workers working diagnoses are chronic pain due to trauma; degenerative disc disease cervical; failed back surgery syndrome cervical; muscle spasms; myalgia and myositis, unspecified; and radiculopathy, cervical. The request for acupuncture doesn't designate specific region to be treated. The guidelines recommend an initial 3 to 4 visits over two weeks with an evaluation for evidence of reduced pain, medication use and objective functional improvement. The treating physician requested eight sessions acupuncture. This is in excess of the recommended guidelines. Consequently, absent the appropriate initial acupuncture sessions (3 to 4 visits over two weeks) in addition to documentation of the area to be treated, acupuncture eight sessions is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, acupuncture eight sessions is not medically necessary.