

Case Number:	CM14-0084682		
Date Assigned:	07/21/2014	Date of Injury:	01/04/2006
Decision Date:	01/29/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 licensed 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:

The injured worker is a 40 year old male who reports pain in his neck and bilateral shoulders from a work related injury on 01/04/2006. Per records injuries were incurred when a garage door fell on the patient landing on his head and shoulders. Patient is diagnosed with cervical disc degeneration. Per physicians notes dated 04/30/2014, patient states his level of pain is a 6-7 out of 10 with pain located in the neck and radiating out to both shoulders. He describes the pain as aching, throbbing, sharp and burning. Examination reveals the patient has significant pain with flexion of the bilateral humerus, abduction and internal rotation of the shoulder joints bilaterally. He is unable to flex the humerus above the level of the shoulder joints bilaterally due to pain. Patient has been treated with medication, right wrist brace, three cervical fusions, 2 shoulder surgeries, cortisone injections, epidural injections and is currently awaiting approval for disc replacement surgery. Primary treating physician requested 6 visits which were modified to 4 visits. 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:

Six sessions of electro-acupuncture to be completed in three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines, pages 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 not had prior acupuncture treatment. Primary treating physician requested 6 visits which were modified to 4 visits per guidelines. Per guidelines 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition: (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, 6 acupuncture visits are not medically necessary.