

Case Number:	CM15-0182006		
Date Assigned:	09/23/2015	Date of Injury:	10/16/2012
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 49 year old female, who sustained an industrial injury on 10-16-2012. She reported injury to the neck, shoulder and upper extremity from repetitive activity. Diagnoses include cervical disc displacement without myelopathy, cervical disc degeneration, fasciitis, and brachial neuritis or radiculitis. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and therapeutic injections. Currently, she complained of ongoing neck pain rated 10 out of 10 VAS without medication and 50% relief with Naproxen use. It was noted acupuncture treatments four weeks in a row provided 80% pain improvement, last session two weeks prior, and pain was starting to return. It was further noted treatment for chronic Hepatitis C had been initiated. On 8-17-15, the physical examination documented cervical tenderness with spasms and trigger points noted. The appeal requested authorization for six (6) one hour acupuncture treatments. The Utilization Review dated 8-21-15, denied the request indicating the available records did not include evidence of functional improvement per the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 one hour acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back, lumbar and thoracic (acute and chronic): Accupressure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Based on the patient's statement, she underwent 4 acupressure sessions with 80% pain relief. The records did not reflect such benefit with medication intake reduction. Also the patient stated that 2 weeks after the last acupressure session the pain began to come back, which indicates only temporary relief, with no function improvements reported arising from the acupressure. ACOEM Guidelines, 2nd. Edition, acknowledges that the pain management plan should focus on coping and adaptation in order to restore function. The desired end point in pain management is return to function rather than complete or immediate cessation of pain (page 116). ACOEM 2004, chapter 12, page 299, notes that many passive and palliative interventions can provide relief in the short term but may risk treatment dependence without meaningful long-term benefit. ACOEM 2004, chapter 3, Initial approaches, page 48, states "During the acute to sub-acute phases for a period of 2 weeks or less, the physician can use passive modalities for temporary amelioration of symptoms and to facilitate mobilization and graded exercise, most effective when the patient uses them at home several times a day. Little evidence exists for the effectiveness of other passive modalities." Based on the Chronic Pain Medical Guidelines, page 99, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment." The injury that the patient presents is of a chronic nature, without a clear flare up documented, without any function improvement documented with prior acupressure care, therefore additional passive therapy is not medically necessary.