

Case Number:	CM15-0190210		
Date Assigned:	10/05/2015	Date of Injury:	10/05/2012
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Chiropractor, 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 56 year old female who sustained an industrial injury on 10-05-2012. Medical records indicated the worker was treated for cervicgia, sprain-strain of neck, degeneration of a cervical intervertebral disc. Treatment has included oral medication, physical therapy, acupuncture, self-care, and work modifications. In the provider notes of 09-08-2015 the injured worker complains of headache in the bilateral temporal areas, pain in the neck, shoulder, and upper back. By her statement: "pain was better after last visit. Today pain level is 5 on a scale of 0-10". Objective findings include tenderness in neck, shoulder, and upper back. The treatment plan is to relieve pain, promote QI and blood circulation with electro-acupuncture. Prior acupuncture sessions are reported in provider notes of 05-14-2015 to have been "paid out of pocket". The quantity of acupuncture sessions are not listed. She is taking medications that include Percocet (1 tablet every 6 hours as needed), Norflex (1 tablet twice daily), Xanax, Tylenol, Ibuprofen, and Flexeril. In provider notes of 05-14-2015 visit, the worker has subjective complaints of burning and pain in the neck, and a sensation of bruising in the right shoulder. On exam she was noted to have tenderness and myospasm over the scapularis muscles with myospasm and range of motion limited by pain. In provider notes of 07-17-2015, the worker complains of moderate to severe pain in the left side of neck and right shoulder. The worker states she is attending acupuncture and is taking fewer medications because of it, but the quantity prescribed has not changed. In provider notes of 09-10-2015 her pain complaint is essentially unchanged. She reports she is in great pain with a sharp pain in her neck coming from her right shoulder. Objectively she has myofascial pain over her cervical spine paraspinal, upper back,

and shoulder muscles with limitations in active range of motion of the cervical spine due to spasms and pain. The worker has had an unknown number of acupuncture sessions. There is no documented functional improvement. A request for authorization was submitted for Acupuncture two (2) times a week for three (3) weeks to the neck and right shoulder. A utilization review decision 09-17-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for three (3) weeks to the neck and right shoulder:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture in the past. It was reported that the patient currently attending acupuncture and is benefiting from it. It was reported that the patient was taking less medications because of it. However, there was there was no decrease in the prescribed medications. In addition, there was no documentation of functional improvement. Therefore, the provider's request for 6 acupuncture session to the neck and right shoulder is not medically necessary at this time.