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| Case Number: | CM15-0193572 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 10/15/2013 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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:

This 33-year-old female sustained an industrial injury on 10-15-13. Documentation indicated that the injured worker was receiving treatment for right temporomandibular joint subluxation and dislocation, cervical spine sprain and strain with disc bulge, bilateral shoulder sprain and strain, anxiety, depression, insomnia and memory loss. Previous treatment included physical therapy, chiropractic therapy, acupuncture, splinting, injections, transcutaneous electrical nerve stimulator unit, psychiatric care and medications. Documentation did not disclose the number of previous acupuncture sessions. In an orthopedic re-evaluation dated 6-24-15, the injured worker complained of "severe" neck and temporomandibular joint pain with "severe" headaches and "moderate" bilateral shoulder pain. The injured worker reported that she had tried chiropractic therapy but it did not help. The injured worker stated acupuncture provided temporary relief. The injured worker was attending acupuncture twice a week. Physical exam was remarkable for cervical spine with spasms and "restricted" range of motion and temporomandibular joint with tenderness to palpation. The injured worker's jaw did not open "symmetrically or normally." In an orthopedic re-evaluation dated 9-10-15, the injured worker complained of "moderate" pain to the neck, jaw and right shoulder. The injured worker reported improvement due to using splints on her upper teeth. The injured worker reported that if she took the splints off to eat or brush her teeth, her jaw went back to the way it was and it took about an hour after reinserting the splints for her jaw to re-adjust to the new "improved" position. Current medications included Tylenol #4, Flexeril, Prilosec, Naproxen Sodium and topical compound creams. The injured worker was still on disability. Physical exam was remarkable for tenderness to palpation to the cervical spine and shoulders with pain and a popping sensation on cervical spine range of motion, full range of motion of bilateral shoulders. The physician documented that the injured workers face looked

more symmetrical and she could open her mouth more easily. The treatment plan included continuing acupuncture to help resolve spasms and pain in the neck and shoulders, continuing use of X-force Solar Care transcutaneous electrical nerve stimulator unit. On 9-24-15, Utilization Review non-certified a request for acupuncture twice a week for six weeks for the cervical spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6 for cervical and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no reporting of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.