

Case Number:	CM15-0057897		
Date Assigned:	04/02/2015	Date of Injury:	10/10/2013
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47-year-old female patient who sustained an industrial injury on 10/10/2013. Prior diagnostic testing to include magnetic resonance imaging, sleep study consultation, ultra sound of shoulder, and acupuncture. A primary treating office visit dated 02/19/2015 reported current medication of Norco 5mg and no refills required. The patient is with subjective complaint of continual neck pain that radiates into the upper bilateral extremities and accompanied with weakness. The following diagnoses are applied: cervical spine stenosis with multi-level degenerative disc disease, osteophyte; status post C3-4 fusions 01/2006, right shoulder, head trauma with dizziness and difficulty sleeping. The plan of care involved upcoming AME evaluation, scheduled nerve conduction study, recommending additional acupuncture sessions and follow up in 4-5 weeks. She is temporarily totally disabled for the next 6 weeks. A primary treating office visit dated 08/13/2014 reported primary complaints of being unable to turn head bilaterally with noted increased stiffness, and spasm. She is having great difficulty with her activities of daily living. She also reports having issue with return to modified work status as employer is refusing to sign documentation. She is diagnosed with status post cervical fusion, degenerative disc disease, right shoulder and head trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits for the cervical spine and right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request is within the recommended amount of treatment session. Therefore, criteria have been met and the request is certified.