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| Case Number: | CM14-0127485 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 09/14/2004 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 Chiropractic and Acupuncture 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 72 year old female who reported neck and right shoulder pain from injury sustained on 09/14/04 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with pain in joint, shoulder region, and arthrodesis. Patient has been treated with medication, physical therapy and acupuncture. Patient had cervical fusion surgery, right shoulder and thumb surgery prior to this injury. Per medical notes dated 12/03/13, patient complains of constant mild to severe neck pain rated between 2-7/10, pain radiates down the left shoulder and arm. Patient complains of right shoulder pain rated at 7/10 and right thumb pain rated at 2/10. Patient is seen under future medical as she has been declared permanent and stationary. Patient is retired and is currently not working. Per acupuncture progress notes dated 04/13/14, patient complains of neck and right shoulder pain rated at 9/10. Pain is constant, dull and moderate to severe. Per medical notes dated 06/19/14, patient states acupuncture helps with neck and shoulder pain. She prefers not to do physical therapy as it makes her pain worse. Provider is requesting additional 12 acupuncture sessions for the neck and right shoulder which were modified by the utilization reviewer to 6 sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 12 sessions cervical spine/right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back pain, Acupuncture.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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 had prior acupuncture treatment. Primary treating physician is requesting addition 12 acupuncture treatments which were modified to 6 by the utilization reviewer. Per utilization review, "Patient had 6 acupuncture sessions which decreased her pain and decreased her medication." Physical therapy increases her pain therefore the provider is recommending additional acupuncture care. Six modified visits are sufficient to produce functional improvement as per cited guidelines. Patient reported subjective relief; however, medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, the request is not medically necessary.