

Case Number:	CM14-0141119		
Date Assigned:	09/10/2014	Date of Injury:	07/09/2011
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Board Certified in Family Medicine 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 patient is a 53 year-old woman who was injured at work on 7/9/2011. The injury was primary to his neck and right shoulder. He is requesting review of denial for 12 sessions of acupuncture over 12 weeks for the cervical spine and right shoulder. Medical records corroborate ongoing care for these injuries. Her chronic diagnoses include: Pain in Joint/Shoulder; Cervical Spine Stenosis; Right C-7 Radiculopathy; Cervicobrachial Syndrome; Unspecified Major Depression; Generalized Anxiety Disorder; Neck Pain; Status Post Right Shoulder Arthroscopy. Treatment has included muscle relaxants, NSAIDs, antidepressants, opioids and proton pump inhibitors. She has also undergone physical therapy, a self-directed home exercise program and has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) sessions of Acupuncture 1 time a week for 12 weeks cervical spine and right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of acupuncture for the treatment of pain. These guidelines refer to Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the worker's compensation system in California. The evidence in this record supports the use of acupuncture; however, the requested frequency and duration exceed the above stated guidelines. Therefore, 12 sessions of acupuncture is not considered as a medically necessary treatment.