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| Case Number: | CM14-0142178 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 05/13/2013 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/14/2014 |
| 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 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 28 year old female who reported neck, shoulder, low back pain from injury sustained on 05/13/13 while cleaning shelves at work. MRI of the cervical spine revealed cervical muscular spasm, otherwise unremarkable. MRI of the left shoulder revealed mild rotator cuff tendinosis. Patient is diagnosed with cervical spine and lumbar spine sprain, rule out disc herniation; left shoulder rotator cuff syndrome; left wrist strain and de Quervain's tenosynovitis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 07/17/14, patient complains of neck, low back, left shoulder and left wrist pain. Currently the patient is working, however the left shoulder and left thumb pain is worsening. Left shoulder pain is described as frequent and rated at 4-6/10 with prolonged motion. She also describes left thumb pain over the lateral portion of thumb and distal forearm. In regards to cervical spine and lumbar spine, symptoms are also continued with stiffness and pain is rated at 5-6/10. Examination revealed decreased range of motion. Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 08/04/14, patient reports the pain got worse; she complains of poking suprascapular pain that radiates down the neck and cervical spine pain with numbness and tingling. Provider is requesting 2 times 4 acupuncture treatments for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week times 4 weeks for neck cervical: 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 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. Per acupuncture progress notes dated 08/04/14, patient reports the pain got worse; she complains of poking suprascapular pain that radiates down the neck and cervical spine pain with numbness and tingling. Provider is requesting 2 times 4 acupuncture treatments for cervical spine. 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 and 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 or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 2 times 4 acupuncture treatments are not medically necessary.