

Case Number:	CM14-0149218		
Date Assigned:	09/18/2014	Date of Injury:	02/19/2009
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 58 year old female who reported neck, low back and left shoulder pain from injury sustained on 02/19/09. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with status post cervical fusion; cervical discogenic disease; cervical facet arthrosis; chronic cervical sprain/strain; left shoulder rotator cuff impingement, bursal tear; lumbar discogenic disease and lumbar radiculitis. The only medical notes provided were dated 09/11/14. Per medical notes dated 09/11/14, patient complains of neck pain, severe low back pain and severe left shoulder pain. Her shoulder pain is getting worse and the patient has difficulty sleeping. Examination revealed restricted range of motion which has improved. She has continued S1 radicular pain noted terminating at plantar aspect of the left foot. There is sciatic notch tenderness to palpation on the left side. Provider requested 8 acupuncture sessions on the left shoulder and low back. Per utilization review the patient has been approved for acupuncture sessions. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Acupuncture Visits for Left Shoulder and Low Back (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical treatment Guidelines, 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. The 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. The patient has had prior acupuncture treatment. Per utilization review the patient has been approved acupuncture sessions; however, provided medical notes do not documented if the approved visits were administered and if there was any improvement. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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 or decrease in medication intake. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.