

Case Number:	CM14-0162275		
Date Assigned:	10/07/2014	Date of Injury:	11/17/1999
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in 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 57 year old female who reported neck and shoulder pain from injury sustained on 11/17/99 due to cumulative trauma. Diagnostic imaging of the right shoulder dated 09/16/14 revealed mild degenerative spurring in the interior shoulder joint. Diagnostic imaging of the cervical spine revealed loss of normal cervical lordosis compatible with muscle spasm or strain; degenerative narrowing and spurring at C4-5, C5-6 and C6-7 and post operative device posterior to the cervical spine. Patient is diagnosed with shoulder strain, cervical strain, and cervical spondylosis without myelopathy, cervical facet syndrome, failed neck syndrome, anxiety and depression. Patient has been treated with status post C4-5 fusion 2000, status post C5-7 fusion in 2001, status post neck surgery at C6-7 in 2003, status post right shoulder surgery in 2003, status post neck surgery in 2008 and 2009; status post left shoulder surgery in 2011; status post placement of cervical spinal cord stimulation for reflex sympathetic dystrophy/CRPS; medication, Chiropractic and physical therapy. Per medical notes dated 08/11/14, patient complains of neck pain. She reports relief with cervical facet injection. Pain is described as sharp and stabbing with stiffness. Pain is rated at 8/10. Per medical notes dated 09/16/14, patient complains of right shoulder and arm pain. Patient complains of decreased strength in right hand. Provider requested 3X2 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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". It is unclear if the patient has not had prior Acupuncture treatment or if the request is for initial trial of care. Acupuncture is used as an option when pain medication is decreased or not tolerated, which was not documented in the provided medical records. 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 (if any previously administered). Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, the request for 2X3 Acupuncture visits are not medically necessary.