

Case Number:	CM14-0177597		
Date Assigned:	10/31/2014	Date of Injury:	12/14/2009
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

This is a 58 y/o female patient with pain complains of her neck and right shoulder. Diagnoses included cervical spinal stenosis, cervical sprain, right shoulder sprain. Previous treatments included: trigger points injections, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x6 was made on 09-22-14 by the PTP. The requested care was denied on 09-29-14 by the UR reviewer. The reviewer rationale was "the patient was not noted to be undergoing a home exercise program to which acupuncture would be used as an adjunct. There was not a recent physical exam for the patient with objective findings of functional deficits which warrant acupuncture treatments".

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Report from the PTP dated 08-25-14 indicated that the patient presented upset stomach and heart-burn (due to the medication regimen). Pr2 dated 09-22-14 from the PTP indicated neck-right shoulder pain level of 7/10 without medication, pain increased by activity

and lifting. Current medication includes Vicodin, Lyrica, able to do light house chores, cook light meals. Acupuncture trial x6 requested. In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic, with restricted ADLs, taking medication, despite previous care (multiple trigger point injections, physical therapy, oral medication, work modifications and self care) the acupuncture trial requested for pain management is supported by the MTUS. The current mandated guidelines note that the amount to produce improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.