

Case Number:	CM14-0183425		
Date Assigned:	11/10/2014	Date of Injury:	12/09/2010
Decision Date:	12/17/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/04/2014

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 a licensed Chiropractor and Acupuncturist 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 52 year old female who reported back and neck pain from injury sustained on 12/09/10. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. The patient is diagnosed with brachial plexus lesion, brachial neuritis/radiculitis. She has been treated with medication and acupuncture. Per medical notes dated 06/18/14, patient complains of back and neck pain. Physical therapy and acupuncture have been helpful. The acupuncture gave her relief during the 8 weeks it was given and continued one week after that. Per medical notes dated 09/19/14, patient complains of back and neck pain. Her pain radiates to the cervico-occipital area bilaterally into the trapezius and inferiorly into the interscapular area right greater than left. She complains of right shoulder pain, with radiation down the arm to the deltoid insertion. Per UR appeal letter dated 10/12/14, "she would like to continue acupuncture because of her slight improvement from the procedures and her doctor recommends more acupuncture". "She is showing little improvement, but it is improvement; she notes that acupuncture has helped reduce the numbness in her and more acupuncture will help her recovery". The patient reports symptomatic relief with acupuncture; however, there is lack of evidence that prior acupuncture care was of any functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 12: 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". The patient has had prior acupuncture treatment. Per medical notes dated 09/19/14, patient complains of back and neck pain. Provider requested additional 12 acupuncture sessions which were denied by the utilization reviewer. Per UR appeal letter dated 10/12/14, "she would like to continue acupuncture because of her slight improvement from the procedures and her doctor recommends more acupuncture". "She is showing little improvement, but it is improvement; she notes that acupuncture has helped reduce the numbness in her and more acupuncture will help her recovery". She reports symptomatic relief with acupuncture; however, there is lack of evidence that prior acupuncture care was of any functional benefit. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.