

Case Number:	CM14-0214416		
Date Assigned:	01/07/2015	Date of Injury:	09/05/2012
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 34 year old female who reported neck, shoulder, elbow, and wrist pain from injury sustained on 09/05/12 due to cumulative trauma of working as a [REDACTED]. Patient is diagnosed with headaches; cervical spine sprain/strain with myospasm, disc protrusion, radiculopathy, stenosis; right shoulder sprain/strain, tendinosis, arthritis; bilateral medial and lateral epicondylitis; carpal tunnel syndrome. Patient has been treated with medication, therapy, and acupuncture. Per medical notes dated 11/8/14, patient's complaints of pain are essentially unchanged. Patient complains of neck pain, right shoulder, and elbow. Patient states her pain is well controlled with medication. Patient states that acupuncture helps decrease her pain temporarily and she is able to do more ADLs. She has more restful sleep. Examination revealed decreased range of motion and tenderness over the C5-6 and C6-7 and bilateral tenderness to palpation with paraspinal muscle spasms over C6-7 and C7-T1. Examination of the right shoulder pain revealed tenderness over the bicipital groove, the deltoid, posterior supraspinatus, and infraspinatus muscle group. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review on 12/09/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions (2 times 6) for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review on 12/09/14. Per medical notes dated 11/8/14, patient states that acupuncture helps decrease her pain temporarily and she is able to do more ADLs, she has more restful sleep. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.