

Case Number:	CM15-0110653		
Date Assigned:	06/17/2015	Date of Injury:	07/26/2008
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 26, 2008. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for an acupuncture referral dated May 1, 2015. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines in its determination. The claims administrator also referenced a May 1, 2015 order form in its determination. The applicant's attorney subsequently appealed. In said May 1, 2015 progress note, the application reported ongoing complaints of neck and shoulder pain. The applicant was using topical Sombra for pain relief, it was reported. The applicant had undergone earlier shoulder surgery, it was incidentally noted. A TENS unit, cervical pillow, and six sessions of acupuncture were seemingly sought. The note was somewhat difficult to follow as it mingled historical issues with current issues. It was suggested that the applicant had had acupressure massage at an earlier point in time. The attending provider stated that the applicant had returned to regular work in several sections of the note. The attending provider suggested (but did not clearly state) that the applicant had had prior acupuncture. On RFA form dated May 5, 2015, a naturopathic medicine referral, cervical MRI, shoulder MRI, and six sessions of acupuncture were endorsed. A historical progress note of March 6, 2015 likewise made no explicit mention of the applicant having received prior acupuncture. The remainder of the file was surveyed. There were no acupuncture progress notes on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an acupuncture specialist neck and shoulders Qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Yes, the request for a referral to an acupuncture specialist for the neck and shoulder is medically necessary, medically appropriate, and indicated here. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a stipulate that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here. The attending provider's progress note of May 1, 2015 and an associated RFA form of May 5, 2015 framed the request as a first-time request for acupuncture. Both the May 1, 2015 progress note and the May 5, 2015 RFA form stated that six sessions of acupuncture were being sought. The request, thus, was in-line with the three to six treatments deemed necessary to produce functional improvement following introduction of acupuncture, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. Therefore, the request is medically necessary.