

Case Number:	CM15-0028382		
Date Assigned:	02/20/2015	Date of Injury:	09/18/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 41 year old female sustained an industrial injury on 9/18/13, with subsequent ongoing neck and bilateral shoulder pain and headaches. Treatment plan included medications, physical therapy, chiropractic therapy and acupuncture. Documentation did not disclose the amount of previous acupuncture or the injured worker's response to treatment. In a PR-2 dated 1/9/15, the injured worker complained of occasional to intermittent moderate sharp neck pain, stiffness and weakness with radiation to bilateral shoulders and ongoing anxiety. Physical exam was remarkable for cervical spine with decreased range of motion and negative cervical compression and foraminal compression. Current diagnoses included cervical musculoligamentous injury and anxiety. The treatment plan included electromyography/nerve conduction velocity test to bilateral lower and upper extremities, chiropractic therapy twice a week for six weeks, acupuncture twice a week for six weeks, psychological evaluation and urine drug screen. On 1/15/15, Utilization Review noncertified a request for Acupuncture 2 x 6 noting lack of documentation of functional improvement from previous acupuncture and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12-sessions, 2 times a week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: "Used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy)." The medical records indicate that a utilization review approved a trial course of 6 acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a results of these acupuncture sessions. As such, the request for Acupuncture 2 x 6 is not medically necessary.