

Case Number:	CM14-0135251		
Date Assigned:	08/29/2014	Date of Injury:	03/23/2013
Decision Date:	12/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 Board Certified in Internal Medicine 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 (IW) is a 57-year-old who sustained an injury to the low back on March 23, 2013. The mechanism of injury was not documented in the medical record. The IW was diagnosed with rule out herniated nucleus pulposus (HNP) of the lumbar spine. Pursuant to the most recent progress reports in the medical record dated March 3, 2014, the IW complains of neck pain with radiation into the left upper extremity specifically to the hands. The IW also has left shoulder pain in the anterior, posterior, and lateral regions. Objective physical findings revealed pain and myospasms to the cervical spine. There was pain and swelling in the left shoulder. Impingement test, supraspinatus test, Neer's, and Apley's test were all positive. Current medications were not documented. Treatment plan includes: Continue acupuncture therapy 2 times a week for 6 weeks, pending MRI of the lumbar spine and left shoulder, refer for x-rays of the left shoulder and lumbar spine, pending upper extremity NCV, and follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 cervical and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 12 of 127.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, Shoulder Sections, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture two times per week for six weeks to the cervical spine and left shoulder is not medically necessary. The guidelines recommend acupuncture for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery. The guidelines provide initial trial of 3 to 4 visits over two weeks with evidence of objective functional improvement. Total up to 8 to 12 visits over 4 to 6 weeks is allowed. Acupuncture of the cervical spine is not recommended for neck pain. Despite substantial increases in popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. In this case, the injured worker sustained injury to the lower back. In this case, the injured worker is being treated for left rotator cuff syndrome, left by simple tendinitis, and neck muscle strain. This was documented in a November 18, 2013 progress note. There were no red flags documented in the record referable to the shoulder. The same progress note indicated the injured worker completed 12 physical therapy visits. The injured worker was instructed on frequent stretches and 2 to 3 exercises for stretching. Overall, the injured worker responded to the 12 prior physical therapy sessions. The patient return to work in modified duty. The treating physician requested additional physical therapy November 22, 2013. At that time, two sessions of physical therapy was allowed for education and instructional purposes. Additionally, the injured worker had prior acupuncture according to a disability form that was dated January 17, 2014. There was no clinical physician documentation in the medical record indicating prior acupuncture or improvement with acupuncture. Also, there was no clinical rationale in the medical record indicating what ailments additional acupuncture was going to address. The injured worker was diagnosed with rotator cuff syndrome. This is not on the list of recommended diagnosis for acupuncture. The guidelines provide for trial of 3 to 4 visits over two weeks with evidence of objective functional improvement for additional treatment. There was no documentation reflecting objective functional improvement with acupuncture. Consequently, acupuncture two times per week for six weeks of the cervical spine and left shoulder is not medically necessary.