

Case Number:	CM14-0141575		
Date Assigned:	09/22/2014	Date of Injury:	06/06/2006
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in New York. 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 55-year-old female who sustained injuries to her neck, bilateral shoulders and back. Based on the records reviewed, the injured worker has been treated with analgesic medication, trigger point injections, bilateral shoulder surgery and acupuncture (exact number of treatments is not known). The injured worker has undergone both x-ray and MRI testing. A request for 6 acupuncture visits was submitted with the primary diagnosis of pain in joint/shoulder pain (██████). A report dated 8/13/14, revealed complaints of right shoulder pain that was mostly in the thoracic/axilla region. The injured worker's right shoulder range of motion was good and her strength was appropriate. Right shoulder manipulation produced pain down her rib cage and thoracic spine as well as her axilla. Soreness was noted in the periscapular and cervical spine region. The treating doctor did not feel that her pain was entirely related to her shoulder. The doctor did request 6 acupuncture treatments, after the injured worker reported that it has worked for her spine. According to the office visit date 8/27/14, the injured worker had daily pain and spasms in the neck with guarded range of motion, tenderness and obvious spasms in the cervical spine. Her old cervical fusion looks solid and stable. The injured worker did report that her pain is clearly improved since she has retired. The treating doctor requested 8 acupuncture treatments over the next several weeks. An acupuncture progress report dated 08/20/14 indicates pain levels of 8-9 of 10 with relief that last 12-15 hours. No specific functional improvements were reported with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 9792.24.1.c notes that time to produce functional improvements are within 3-6 treatments. In this case, the injured worker has received acupuncture treatments and has requested an additional 6 acupuncture treatments, which falls outside the recommended 3-6 visits. MTUS 9792.24.1.d notes that acupuncture may be extended if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history of physical exam. The records indicate that the injured worker received acupuncture treatments but no supporting functional improvements were reported. Therefore, based on the guidelines and a review of the evidence, the request for 6 acupuncture treatments is not medically necessary.