

Case Number:	CM17-0007857		
Date Assigned:	01/17/2017	Date of Injury:	10/11/2016
Decision Date:	02/09/2017	UR Denial Date:	12/21/2016
Priority:	Standard	Application Received:	01/11/2017

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, Montana, Oregon

Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male, who sustained an industrial injury on 10-11-2016. Medical records indicate the worker is undergoing treatment for right shoulder impingement and rule out cervical and lumbar spine herniated nucleus pulposus. A recent progress report dated 12-8-2016, reported the injured worker complained of pain in the neck, low back and right shoulder with pain radiating to the right upper extremity and right lower extremity. Pain was rated 7-9 out of 10. Physical examination revealed decreased cervical spine, lumbar spine and right shoulder range of motion, lumbar paraspinal spasms and right shoulder impingement. Treatment to date has included physical therapy and medication management. The injured worker is on temporary total disability. On 12-19-2016, the Request for Authorization requested Acupuncture for 8 sessions. On 12-21-2016, the Utilization Review modified the request. Acupuncture for 8 sessions was the original request. Acupuncture for 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request is Acupuncture for 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 8 sessions was the original request. Acupuncture for 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Acupuncture for 2 sessions is: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS states, "Acupuncture is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." MTUS Acupuncture guidelines state that the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows. Time to produce functional improvement of an initial trial is within 3 to 6 treatments at a frequency of 1 to 3 times per week. The optimum duration of treatment is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The initial treatment request exceeds the recommendation of an initial trial of 6 visits. Given the quantity of this request and lack of extenuating circumstances to deviate from guidelines, the request is not medically necessary.