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| Case Number: | CM13-0006205 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 02/22/2013 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 07/08/2013 |
| Priority: | Standard | Application Received: | 08/02/2013 |

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 and Acupuncture, 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 is a 52 year old female who reported neck, mid back and low back pain from injury sustained on 2/22/13. Patient was involved in a motor vehicle accident when a car backed up into her car on the left. X-rays of the cervical spine were unremarkable. Thoracic spine X-ray revealed mild thoracolumbar scoliosis otherwise unremarkable. Patient has been diagnosed with cervical sprain; thoracic sprain and lumbosacral sprain. Patient was treated with medication, physical therapy, TENS and acupuncture. Per notes dated 06/27/13, patient reported that acupuncture in the past has helped her. Overall pain is rated at 4/10. Patient denies any new radiation. Back reveals lumbosacral paraspinal muscle spasm with minimal tenderness over the lumbosacral face joint. Primary care is requesting 4 acupuncture sessions which were denied by the utilization reviewer due to lack of documented function improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Per notes dated 1/9/14, patient is following up for neck, low back and mid back pain. She rated her pain at 3/10 with no new radiation, numbness or tingling. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE PER WEEK X 4 WEEKS FOR THE THORACIC AND LUMBAR BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: Per MTUS- Acupuncture Medical treatment Guidelines page 8-9.

"Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.