

Case Number:	CM13-0010049		
Date Assigned:	12/11/2013	Date of Injury:	06/26/2012
Decision Date:	06/19/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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 Board Certified in Occupational 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:

This is a 51 year old female who has reported the gradual onset of widespread pain in the neck, upper back, arms and chest, attributed to usual office work, with a listed date of injury as 6/26/2012. She has been diagnosed with cervical spine degenerative disc disease and neuritis. Treatment has included physical therapy, acupuncture, wrist splints, chiropractic, and medications. Initial acupuncture was prescribed on 6/7/13. The injured worker received nine acupuncture treatments prior to the request under review now. Per an acupuncture report from 6/24/13, treatment was with ultraviolet, herbs, and acupuncture. On 6/28/13, the treating physician noted widespread pain and weakness. Acupuncture was reported to be beneficial for pain, although no specific functional improvement was described. The treatment plan includes additional medication, psychotherapy, and more acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK TIMES 6 WEEKS FOR THE CERVICAL SPINE AND BILATERAL WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". Per the MTUS, 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. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture was certified per these guidelines. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. The treating physician is recommending more intensive treatment, including further medications and referrals. The 'acupuncture' treatment included ultraviolet and herbs, which were neither certified in Utilization Review nor are they considered "acupuncture" as defined in the MTUS. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS, and treatment with additional modalities (ultraviolet, herbs) that are not presumed to be medically necessary and for which no authorization was sought.