

Case Number:	CM13-0016373		
Date Assigned:	11/06/2013	Date of Injury:	06/06/1991
Decision Date:	11/18/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

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 Chiropractic Medicine and has a subspecialty in 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 62 year old female who reported neck pain from injury sustained on 06/10/91. Mechanism of injury was not documented in the provided medical records. MRI of the cervical spine revealed multilevel disc protrusion and straightening of cervical lordosis. Patient is diagnosed with chronic pain syndrome; myalgia/myositis; pain in thoracic spine. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 08/28/13, patient continues to have increased pain of her neck and upper back. Pain is rated at 5/10. Patient had flare-up of her symptoms. Acupuncture progress notes dated 07/07/14; patient continues to have pain in the affected body part. Per medical notes dated 07/28/14, patient notes decreased pain of her neck with acupuncture. She notes about 60% decrease in her pain. Pain is rated at 3/10. Range of motion is mildly decreased throughout cervical spine in all planes with moderate tenderness throughout the posterior cervical spine and paravertebral muscle spasms. The request was for 2X3 acupuncture treatments which was denied by the UR on 07/29/13 due to lack of functional improvement. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE (2) TIMES PER WEEK FOR (3) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insert Section(Neck pain) Insert Topic Acupuncture

Decision rationale: Per MTUS- Section 9792.24.1 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. Per medical notes dated 08/28/13, patient continues to have increased pain of her neck and upper back. Pain is rated at 5/10. Provider requested 6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.