

Case Number:	CM13-0023465		
Date Assigned:	11/15/2013	Date of Injury:	02/01/2012
Decision Date:	01/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor and Licensed 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 physician 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 patient is a 57 year old female with a date of injury of 2/01/2012. According to the most recent progress report dated 9/19/2013, the patient complained of increased neck pain, low back pain, and hip pain with increased work load. The patient also experienced problems with sleeping. Significant objective findings include spasms in the cervical spine, trapezius, and lumbar region. Her cervical and lumbar range of motion was decreased by 20%. Cervical compression caused pain. Straight leg raise was positive bilaterally. The patient was diagnosed with lumbosacral, bilateral sacroiliac, cervical, and thoracic sprain strain. According to the updated progress report dated 2/15/2013 the patient has completed 14 acupuncture sessions. The 8 original treatments took the patients pain level 7 to 2 and completed 6 additional treatments. The patient reported improvement after every treatment. The patient was approved 4 additional acupuncture visits on 5/08/2013. The patient has completed a total of 18 acupuncture sessions to date. An updated progress report dated 6/7/2013 stated that acupuncture is the only modality that has helped to this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of acupuncture for cervical, thoracic and lumbar: 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.

Decision rationale: Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). The patient had completed 18 acupuncture sessions. According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. Although the patient had improvement in pain, there was no documentation of sustained functional improvement defined by the guidelines. Therefore, 6 acupuncture sessions to the cervical, thoracic, and lumbar region is not medically necessary.