

Case Number:	CM13-0030771		
Date Assigned:	11/27/2013	Date of Injury:	09/22/2006
Decision Date:	01/29/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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 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 reported a date of injury of 9/22/2006. According to the SOAP notes dated 7/16/2013, the patient complained of posterior neck, upper back, mid back, and lower back pain. The patient reported that her posterior neck pain is constant in nature, aching, deep and radiates into the back of the head and through the shoulder to the right forearm. The posterior neck pain is made better through medications, chiropractic treatment, and resting. Aggravating factor includes neck movement, prolonged sitting, prolonged standing, prolonged walking, and daily activities of daily living, lateral flexion to the right and left, and rotation. In regards to the upper and mid back, the pain was described as constant achy, deep, and dull. The upper back palliative factors include resting and medications. Provocative factors include housework, activities of daily living, and movement in lateral flexion and rotation. The patient's low back pain is constant, radiates to the left buttock, left hip, left toes and is expressed as aching, dull and deep. The pain is reduced by lying down, medication, chiropractic treatments and resting while bending. Provocative factors include actives of daily living and movement. Significant objective findings include reduce range of motion in the cervical and lumbar spine with moderate pain. There was cervical tenderness present in the cervical, thoracic, and lumbar region bilaterally. The spinous process at L3 L4 L5 and S1 were tender. The patient was diagnosed with multilevel lumbar spine discs, lumbar myofascitis/myositis, left sciatica, cervical spine multi-level discs herniated, and lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture once a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The patient experienced pain in the cervical, thoracic, and lumbar spine. Her range of motion was decreased with moderate pain. The patient had tenderness in the cervical, thoracic, and lumbar spine. There was evidence that the patient had prior acupuncture treatment. The provider stated that the acupuncture was helpful. However, there was lack of evidence of objective functional improvement as define in section 9792.20(f) in the submitted documents. The guideline stated that acupuncture may be extended if there was documentation of functional improvement. Based on the lack of evidence of functional improvement; additional acupuncture once a week for six week is not medically necessary at this time.