

Case Number:	CM13-0033561		
Date Assigned:	12/06/2013	Date of Injury:	11/07/2012
Decision Date:	02/06/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery 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 49-year-old female who was injured in a work related accident on 11/07/12 sustaining injury to both the cervical and lumbar spine. Clinical records for review include a recent assessment of 08/30/13 when the claimant was seen by [REDACTED] for complaints of both neck and low back pain. It states that the claimant has been utilizing acupuncture for several sessions with cervical evaluation demonstrating tenderness with range of motion and palpation of musculature and the lumbar spine also to be with tenderness to palpation with painful range of motion, negative straight leg raising and no neurologic findings. The claimant was diagnosed with myofascial strains to the cervical and lumbar spine with degenerative changes. Six additional sessions of acupuncture treatment were recommended. Records indicate that the claimant has been utilizing acupuncture as early as June of 2013 through present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 additional acupuncture sessions for the cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of acupuncture would not be indicated. Optimal duration of acupuncture is "one to two months" with time to demonstrate functional improvement of three to six sessions. While the claimant is noted to be benefiting, there is continued subjective complaints of pain and continued use of medication management. Given the amount of acupuncture already utilized over the past several months, the claimant has exceeded optimal duration of this form of modality and continuation of six additional sessions for the neck and low back would not be indicated.