

Case Number:	CM13-0036067		
Date Assigned:	12/13/2013	Date of Injury:	07/24/2012
Decision Date:	02/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 licensed in Chiropractic Care, 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 patient is a 57-year-old male with a date of injury of 07/24/2012. According to the progress report dated 08/30/2013, the patient reported that acupuncture was helpful. It helps decrease his pain and allowed him to be able to work regular duties. His current medications are Lodine, cetirizine, Norco 10/325, amlodipine, bupropion, omeprazole, allopurinol, fluticasone nasal spray, metoprolol, vitamins, and supplements. Significant objective including included negative Spurling's test, tenderness at left mid and lower cervical paraspinal and upper trapezius. Muscle stretch reflexes were 1-2/5 and symmetric at the biceps, brachial radialis and triceps. An x-ray of the cervical and thoracic spine dated 7/30/2013 revealed mild thoracic spondylosis and advanced spondylosis. The patient was diagnosed with cervical and thoracic sprain/strain with persistent myofascial pain, and advanced cervical and mild thoracic spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and upper back (2 times per week for 4 weeks): Overturned

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 state that acupuncture may be extended if functional improvement is documented. Records indicate that the patient had prior acupuncture care. He reported that acupuncture was helpful and it decreased his pain. The patient also noted that he was able to return to work with regular duties. [REDACTED], states that the initial trial of acupuncture has proven to be effective. The patient's cervical rotation has improved with less pain and Lodine and Norco have been reduced. In the progress reported dated 10/11/2013 by [REDACTED], the patient stated that during acupuncture treatment he was able to completely discontinue using Lodine and all analgesics for this injury. Based on the discussion above, the provider's request for additional acupuncture 2 times a week for 4 weeks for the neck and upper back is medically necessary and appropriate.