

Case Number:	CM13-0037735		
Date Assigned:	12/18/2013	Date of Injury:	06/18/2010
Decision Date:	03/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old female with a date of injury of 06/18/2010. The listed diagnoses per [REDACTED] dated 09/25/2013 are: (1) Cervical spondylotic stenosis at C4-C5 and C5-C6, (2) Lumbar disk protrusion with left leg radiculopathy. According to report dated 09/25/2013, the patient presents with neck and low back pain. The patient states she feels some tightness and stiffness in her neck and in the midback as well as the low back. The patient states that she has been working 6 days a week and seems that she has an exacerbation of pain. It was noted that she has had some success in the past with acupuncture. Physical examination reveals restricted cervical range of motion. Her rotation right and left is 20 degrees and forward flexion 20 degrees with pain. She has diffuse weakness with specific motor testing with 4/5 in the deltoid, biceps, triceps, brachioradialis, wrist extensor and flexor. Examination of the lumbar spine reveals less tenderness to palpation through the lumbar spine although it was noted she has some lumbosacral tenderness. There was tenderness noted in the left sacral notch. The patient was noted to have negative straight leg raise bilaterally. Patient was noted to have some sensory loss with numbness in the L5-S1 dermatome and the left calf and leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and lumbar spine (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting 12 acupuncture sessions stating the therapy may decrease her pain. The MTUS Guidelines for acupuncture recommend acupuncture for pain suffering and the restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration or 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792. 20(E); documentation of clinically significant improvement of ADL or reduction in work restrictions and decreased dependency in medical treatments. In this case, the treater does not provide any discussion regarding functional improvement from prior acupuncture treatments. According to AME report dated 03/11/2013 by [REDACTED], the patient was seen by [REDACTED] in February 2013. [REDACTED] prescribed acupuncture which was approved for 6 sessions. It was noted that the acupuncture helped her relax more than it helped for pain. Transient symptomatic reduction from acupuncture treatments are not the basis for continued treatments. The requested acupuncture is not medically necessary and recommendation is for denial.