

Case Number:	CM13-0039238		
Date Assigned:	12/18/2013	Date of Injury:	04/06/2009
Decision Date:	03/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/04/2013

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 Expert reviewer is Licensed 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 is a 43-year-old female with a date of injury of 4/06/2009. According to the progress report dated 12/4/2013, the patient complained of right neck pain with radiation into the right occiput and into the bilateral trapezii as well as the medial border of the scapula. The patient continues to have ongoing chronic lower back pain, which radiates across the lower back and into both hips. The patient denies any numbness in her lower extremities. The patient has developed increasing leg pain primarily in the thighs and knees over the past few months. Significant objective findings include tenderness over the right occiput, no midline tenderness of the cervical vertebrae, tenderness over bilateral trapezii and medial borders of the scapula. There was decrease range of motion and significant discomfort with the back flexion, extension, and lateral flexion. The patient's current medication consists of naproxen sodium-anaprox 550mg #90, Pantoprazole 20mg #30; hydrocodonebit/apap5/500mg #30; and cyclobenzaprine-flexeril 7.5mg #90. The patient was diagnosed with degeneration of lumbar lumbosacral disc, neck pain, and pain in shoulder joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 6x (neck, upper back, low back): 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 Guideline states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). 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. According to the submitted records, the patient has completed 16 acupuncture session to date. The provider stated that the patient is doing relatively well with acupuncture. The patient remains at work and reports that acupuncture helps alleviate exacerbation of pain associated with work activities. The provider failed to document significant improvement in activities of daily living or reduction in work restriction from acupuncture therapy. Without documentation of functional improvement, the provider's request for additional 6 acupuncture sessions is not medically necessary at this time.