

Case Number:	CM13-0041319		
Date Assigned:	12/20/2013	Date of Injury:	07/25/2012
Decision Date:	02/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

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 and Rehabilitation, 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:

This 62 year-old male sustained an injury on 7/25/12 while employed by [REDACTED]. Request under consideration include Acupuncture with modalities 2 times 6 for cervical spine and lumbar spine. Report of 9/16/13 from [REDACTED] noted patient complained of cervical pain with upper extremity symptoms rated at 5/10; low back pain with lower extremity symptoms rated at 7/10. Exam indicated limited range of motion and no change today. MRIs of the lumbar and cervical spine were reviewed without objective interpretations for review. Diagnoses included neural encroachment at C5-7 and lumbar spondylitis. Conservative care has included chiropractic treatment, physical therapy, TENS unit, medications, and modified work. Treatment included acupuncture above with modified duty. Request was non-certified on 10/11/13 citing guidelines criteria and lack of medical necessity. Report of 10/28/13 from [REDACTED] again noted unchanged symptom complaints with exam showing limited range and no neurological change. Plan was for additional chiropractic care, physical therapy, acupuncture trial and TENS with unchanged modified restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with modalities 2 times 6 for cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: This 62 year-old male sustained an injury on 7/25/12 while employed by [REDACTED]. Report of 9/16/13 from [REDACTED] noted patient complained of cervical pain with upper extremity symptoms rated at 5/10; low back pain with lower extremity symptoms rated at 7/10. Exam indicated limited range of motion and no change today. Diagnoses included neural encroachment at C5-7 and lumbar spondylitis. Conservative care has included chiropractic treatment, physical therapy, TENS unit, medications, and modified work. Report of 10/28/13 from [REDACTED] again noted unchanged symptom complaints with exam showing limited range and no neurological change. Plan was for additional chiropractic care, physical therapy, acupuncture trial and TENS with unchanged modified restrictions. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2012 injury with ongoing chronic pain complaints. There are also no neurological deficits or specific clinical findings to support for acupuncture treatment. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request for 12 visits outside recommendations of the guidelines. The acupuncture with modalities 2 times 6 for cervical spine and lumbar spine is not medically necessary and appropriate.