

Case Number:	CM13-0041737		
Date Assigned:	01/15/2014	Date of Injury:	03/22/2010
Decision Date:	04/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 and 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 injured worker is a 61-year-old male who reported neck, low back and upper extremity pain from injury sustained on 3/22/10. An MRI of the cervical spine revealed spinal stenosis and spinal cord compression to a moderate severity. An MRI of the lumbar spine revealed multilevel disc protrusion; spinal stenosis considered moderately severe at L2-3 and severe at L3-4. The electrodiagnostic testing is compatible with generalized polyneuropathy; chronic L5-S1 radiculopathy and bilateral carpal tunnel syndrome. The patient was diagnosed with cervical spinal stenosis; lumbar disc displacement. The patient had two (2) level cervical fusions and four (4) level lumbar laminectomy. The patient has been treated with medication, physical therapy, aqua therapy and acupuncture. The patient was seen for a total of fourteen (14) acupuncture visits. According to the acupuncture progress notes dated 9/11/12, "overall there are no drastic changes in his condition, since the problem has been going on for almost 3 years, I see small improvements in his neck, low back and legs". Per notes dated 08/07/13, the neck pain is constant, on average the pain is 7/10 and radiates up. The low back pain is constant and radiates down the leg. Per the reports, "In view of the severity of the pathology, conservative treatment not surprisingly failed to bring any significant improvement". According to the notes dated 11/18/13, "In my opinion from the Orthopedic perspective, his condition has reached maximum medical probability". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care as patient continues to be having pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL ACUPUNCTURE FOR THE CERVICAL AND LUMBAR SPINE TWO (2) TIMES A WEEK OVER THREE (3) WEEKS: 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 Guidelines indicate that "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. According to the medical report, "In view of the severity of the pathology, conservative treatment not surprisingly failed to bring any significant improvement." The notes dated 11/18/13 state, "In my opinion from the Orthopedic perspective, his condition has reached maximum medical probability". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. The Final Determination Letter for IMR Case Number [REDACTED] 4 MTUS guidelines indicate that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, acupuncture treatments two (2) times a week for three (3) weeks are not medically necessary.