

Case Number:	CM13-0047698		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2007
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 physician reviewer is Board Certified 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 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 injured worker is a 60 year old female who reported neck pain from injury sustained on 8/16/11. Patient was doing her regular and customary duties of extracting teeth when she experienced an onset of neck pain. Patient was diagnosed with cervical spine sprain/strain. EMG/ Nerve conduction study was unremarkable. Patient has been treated with medication, chiropractic, Physical Therapy and Acupuncture. Patient was re-evaluated on July 22, 2013 to determine if care has been beneficial and/or if further treatment is necessary. Patient has had total of 24 Acupuncture visits. Patient reported both symptomatic improvement and functional improvement. Per notes dated July 22, 2013 "Patient experienced a flare-up on July 10, 2013 when she twisted to her right, she experienced a severe spasm in her right trapezius and Rhomboid muscles". Patient reports decreased pain from 8-5/10. "Acupuncture treatment enables her to perform daily activities with less difficulty". Patient also reports reduced amount of medication, increased range of motion with acupuncture. Patient continues to make symptomatic and Functional improvement with treatment. Patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9 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. Guidelines apply for acupuncture and acupuncture with electrical stimulation. "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months". It also states the "Acupuncture treatments may be extended if functional improvement is documented" and does not have a maximum amount of visits, as long as patient is making functional improvements. Per notes dated July 22, 2013 "Patient experienced a flare-up on July 10, 2013 when she twisted to her right, she experienced a severe spasm in her right trapezius and Rhomboid muscles". Patient reports decreased pain from 8-5/10. "Acupuncture treatment enables her to perform daily activities with less difficulty". Patient also reports reduced amount of medication, increased range of motion with acupuncture. Patient continues to make symptomatic and Functional improvement with treatment. Per MTUS- Definition 9792.20 (f) "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, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment". Per Review of evidence and guidelines, Acupuncture visits X12 is medically necessary.