

Case Number:	CM13-0049225		
Date Assigned:	12/27/2013	Date of Injury:	12/27/1999
Decision Date:	02/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 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 49 year old female who reported neck and right shoulder pain from injury sustained on 12/27/98. Patient sustained an injury while doing her regular and customary duties of clerk manager. Patient has had many X-rays and Computerized Tomography (CT) scans since her injury. Patient was diagnosed with Cervicalgia. Patient was treated with multiple surgeries, cervical fusion and revisions dated 2001, 2003, 2004, 2007 and 2008. Patient was treated with extensive medication including cervical spine injection, Fluoxetine, cymbalta, topamax, imitrex, flexeril, naproxen, omeprazole, metformin and Glipizide. Patient has been treated for depression. It is unclear on the number of visits the patient had with Acupuncturist. Per primary treating physician notes dated 10/24/13 patient stopped acupuncture as "it was awful". On 10/24/13 Patient reported pain of 7.5/10; cervical spine range of motion decreased about 30%. There is no record of Acupuncture treatment, other than the notes on 10/24/13. If Acupuncture treatments were rendered, patient hasn't had any long term symptomatic or functional improvement. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2x6 Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Code of Regulations, Chapter 4.5,

Department of Workers' Compensation (DWC), Subchapter 1. Administrative Director-Administrator Rules.

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. Acupuncture treatments may be extended if functional improvement is documented". There is no record of Acupuncture treatments, other than the notes on 10/24/13 so therefore it is unclear on how many visits the patient had. Per primary treating physician notes dated 10/24/13 patient stopped acupuncture as "it was awful". If Acupuncture treatments were rendered, patient hasn't had any long term symptomatic or functional improvement. Patient continues to have pain and flare-ups. Per guidelines and review of evidence additional acupuncture 2X6 is not medically necessary.