

Case Number:	CM13-0050540		
Date Assigned:	12/27/2013	Date of Injury:	07/20/1999
Decision Date:	03/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 Board Certified 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 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 female who reported neck and Low back pain from injury sustained on 07/20/1999. The patient was diagnosed with cervical disc displacement, Thoracic and Lumbar disc displacement, cervical spondylosis, Lumbosacral spondylosis. The patient was treated with medication and 3 acupuncture visits. The patient reported symptomatic improvement for the first 3 visits but lack of functional improvement. Per acupuncture notes dated 7/8/13, the patient felt "same level of pain". Per notes dated 8/7/13 patient reported some relief after acupuncture, "she is feeling more positive and in a better mood". "Acupuncture doesn't allow her to take fewer medications, doesn't help with level of function." Per notes dated 9/20/13 her symptoms were about the same. Low back pain was rated at 8/10, and neck pain was 7/10 with limited range of motion. The patient hasn't had any long term symptomatic or functional relief with Acupuncture care and 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:

Outpatient acupuncture twice per week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Guidelines, "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." According to the medical records provided for review, the patient had prior acupuncture treatments with mild symptomatic relief; however, there was a lack of noted functional improvement with treatment. Per acupuncture notes dated 8/7/13, treatment didn't allow the patient to decrease her intake of medication or improve activities of daily living. Consequently, the request for Acupuncture 2X4 is not medically necessary and appropriate.