

Case Number:	CM13-0057200		
Date Assigned:	06/09/2014	Date of Injury:	11/28/2012
Decision Date:	07/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/19/2013

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 Acupuncture and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for her cervical and lumbar spine injury that occurred on 11/28/12. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of neck stiffness and spasms with radiculopathy in to her left upper extremity as well as lower back pain that radiates down her left lower extremity too. As of 10/21/14, the primary treating physician requested twelve sessions of acupuncture to treat cervical and lumbar spine pain and to reduce some of her symptoms. She is diagnosed with cervical spine disc herniation at C5-C6 with bilateral spasms down to her shoulders and numbness and tingling down to her hands. She has bilateral shoulders strain/sprain with mild impingement, bilateral mild carpal tunnel syndrome, lumbar spine sprain with continuous complaints of numbness and tingling in the lower extremities; left side worse than right. Her treatment to date includes, but is not limited to, physical therapy, pain and anti-inflammatory medications, EMG/NCV studies, tens unit, and hot and cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 12 visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication or any recent surgery. Furthermore, there is no evidence that this claimant received acupuncture previously. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial that is less than twelve visits, the original request of twelve sessions of acupuncture is not medically necessary.