

Case Number:	CM13-0058236		
Date Assigned:	12/30/2013	Date of Injury:	08/26/1992
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/26/2013

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 Care 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 53 year old female who reported neck pain from injury sustained on 08/26/92. She was diagnosed with cervical disc displacement; cervicgia and myofascial pain syndrome. The patient has been treated with medication, physical therapy, aquatic therapy and acupuncture. Per notes dated 10/1/13, acupuncture was the best modality to keep pain under control and also helped her neck. Per notes dated 10/31/13, patient was able to perform activities of daily living, including home chores. Acupuncture prevents her headaches and has fewer muscle spasms and fewer doses of medication. Per notes dated 12/13/13, cervical spine revealed straightening of the spine with loss of normal cervical lordosis. No limitations in range of motion were noted. She reports some flares of spasticity in her neck in the last couple of weeks due to cold weather. Primary treating physician is requesting additional 8 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Guidelines state 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; frequency: 1-3 times per week; optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. This patient has had prior acupuncture treatment. She had both symptomatic and functional improvement with treatment. Six acupuncture visits are supported by the guidelines; however, the request for 8 visits exceeds the guideline recommendations. Therefore, 8 acupuncture treatments are not medically necessary.