

Case Number:	CM13-0060962		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2013
Decision Date:	05/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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 54 year old male who reported neck pain from injury sustained on 08/05/13 after he fell off a chair. X-rays of the cervical spine revealed moderate degenerative disc disease at C4-C5 and C5-6. Patient was diagnosed with cervical sprain/ strain and degenerative disc disease. He has prior neck injury which resulted in multi level disc bulges. Patient has been treated with medication and acupuncture. Patient was seen for a total of 14 acupuncture visits. Per notes dated 10/30/13, patient reported pain at the base of the neck and radiates to the shoulder. Primary treating physician is requesting additional 6 acupuncture sessions. Utilization review denied the request due to lack of documentation of objective clinical improvement. However, patient's appeal letter dated 11/18/13 revealed "I was showing progress with acupuncture until I worked on several reports at work that required a lot of time keyboarding and looking at monitors, which made the neck worse again". "With the help of acupuncture I was able to get to a functioning state without missing work or the need for medication". Patient also has a history of digestive issues which prevents him from taking continuous medication. Patient has had symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE TO THE CERVICAL SPINE, TWICE PER WEEK FOR THREE WEEKS: 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". "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". Patient has had prior acupuncture treatment. Per patient appeal letter, he reported increased functional improvement; decreased missed days at work and decreased medication intake with acupuncture care. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 and decreased medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are medically necessary.