

Case Number:	CM13-0063167		
Date Assigned:	12/30/2013	Date of Injury:	02/04/1994
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 patient is a 69-year-old female who reported an injury on 02/04/1994. The mechanism of injury was not provided in the medical record. Review of the medical records reveals the patient's diagnoses include degenerative disc disease of the lumbar region, ICD-9 code 722.52; lumbosacral radiculitis, nonspecified, ICD-9 code 724.4; cervicgia, ICD-9 code 723.1; myalgia and myositis, unspecified, ICD-9 code 729.1; facet arthropathy, ICD-9 code 721.3; knee pain, ICD-9 code 729.46; headaches, ICD-9 code 784.0; depression, ICD-9 code 311; cervical stenosis, ICD-9 code 723.0; and shoulder pain, ICD-9 code 719.41. The patient has received 14 prior acupuncture treatments. The patient has participated in multidisciplinary pain management program previously. It is noted that the patient has had a poor tolerance and severe adverse reactions to oral medications when attempted for medication management. Progress note dated 12/03/2013 revealed the patient states that she feels better. She attributes her improvement to her acupuncture. The patient states she is walking on a regular basis 5 days a week for 30 minutes or about a mile. The progress note dated 12/03/2013 revealed the patient continued to see her Acupuncturist, [REDACTED], and states that she was about 50% better for about a week after each session. Physical examination revealed restricted range of motion of the neck. Range of motion of the bilateral upper extremities was guarded. The patient was very protective and careful at the right upper extremity in general and her right hand. There was noted decreased range of motion of the cervical spine, bilateral trigger points were noted, trapezius tenderness noted with 2+ spasms. The patient had poor range of motion to the lumbar spine with forward stooping posture and increased kyphosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: After a professional and thorough review of documents, acupuncture 12 visits was not medically necessary. According to the MTUS Acupuncture Guidelines, acupuncture is not recommended or supported as an individual or single treatment modality. It is not intended for ongoing chronic pain management. According to the Acupuncture Guidelines, it indicates that acupuncture is used as an option when pain medication is reduced or not tolerated, it can be used as an adjunct to physical rehab or a surgical intervention to hasten recovery. While there is documentation in the medical record that the employee is intolerant to the use of oral pain medications, there is no documentation that the employee is participating in any type of physical rehabilitation or that there are plans for any type of surgical intervention. The MTUS Guidelines generally recommend 3 to 6 treatments of acupuncture for time to produce functional improvement with the optimum duration of 1 to 2 months. Acupuncture extensions can be recommended if there is documentation of objective or functional gains and benefits from prior acupuncture therapy. While it is noted that the employee exhibits temporary partial pain relief only, there are no clear lasting effects. There is no documentation of clinical significant objective or functional benefit from prior acupuncture treatments. Therefore, the medical necessity for the requested service cannot be determined at this time. As such, the request for acupuncture 12 visits is non-certified.