

Case Number:	CM13-0065918		
Date Assigned:	06/09/2014	Date of Injury:	06/17/2012
Decision Date:	07/14/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 33 year old male who reported neck and low back pain from injury sustained on 6/17/12. Mechanism of injury is unknown. MRI of the left foot revealed small 1st metatarsophalangeal joint effusion. MRI of the lumbar spine revealed moderate left and mild right neural foraminal narrowing at L5-S1 secondary to 2-3mm posterior disc bulge and facet joint hypertrophy. Patient is diagnosed with cervical disc disease with radiculopathy; cervical radiculopathy; cervical sprain/strain; lumbar radiculopathy. Patient has been treated with medication, trigger point injection, chiropractic and physiotherapy. Per notes dated 9/20/13, patient complains of low back pain rated at 9/10 without medication and 7/10 with medication. Pain is described as dull and aching in nature, which is aggravated with standing and bending and relieved with medication. Patient complains of neck pain which is rated at 9/10 without medication and 7/10 with medication. Pain is described as dull and aching nature, which aggravates with movement. There is radiation of pain and tingling to bilateral hands. Primary treating physician is requesting 8 acupuncture sessions. It is unclear if the patient has had prior acupuncture session. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Furthermore requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE VISITS FOR THE CERVICAL SPINE, 2 TIMES A WEEK AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 33 year old male who reported neck and low back pain from injury sustained on 6/17/12. Mechanism of injury is unknown. MRI of the left foot revealed small 1st metatarsophalangeal joint effusion. MRI of the lumbar spine revealed moderate left and mild right neural foraminal narrowing at L5-S1 secondary to 2-3mm posterior disc bulge and facet joint hypertrophy. Patient is diagnosed with cervical disc disease with radiculopathy; cervical radiculopathy; cervical sprain/strain; lumbar radiculopathy. Patient has been treated with medication, trigger point injection, chiropractic and physiotherapy. Per notes dated 9/20/13, patient complains of low back pain rated at 9/10 without medication and 7/10 with medication. Pain is described as dull and aching in nature, which is aggravated with standing and bending and relieved with medication. Patient complains of neck pain which is rated at 9/10 without medication and 7/10 with medication. Pain is described as dull and aching nature, which aggravates with movement. There is radiation of pain and tingling to bilateral hands. Primary treating physician is requesting 8 acupuncture sessions. It is unclear if the patient has had prior acupuncture session. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Furthermore requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.