

Case Number:	CM13-0065962		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2006
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 09/26/2006. The mechanism of injury was not provided in the medical records. The patient is diagnosed with cervical spine sprain/strain with right upper extremity radiculitis; right hip strain; lumbar spine sprain/strain with right lower extremity radiculitis; and status post L3-4 anterior lumbar discectomy and fusion, with artificial disc replacement. It was noted that the patient's symptoms include neck and low back pain, as well as numbness and tingling into the right upper and lower extremities. It was noted that her treatment had included anti-inflammatory and muscle relaxant medications and use of a home electrical muscle stimulation unit. Her most recent physical examination was noted to reveal tenderness with slight spasm and muscle guarding over the paraspinal musculature and suboccipital muscles, as well as tender myofascial trigger points over the bilateral upper trapezius muscles, and limitations in her range of motion. It was noted that a treatment plan was noted to include a brief course of acupuncture treatment as this modality had provided beneficial effects for this patient in the past. Specifically, it was noted that the patient had previously completed 11 acupuncture sessions in 2011 with significant improvement

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture for the lumbar and cervical spine, 2 times 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Guidelines, this treatment may be used as an option when pain medication is reduced or not tolerated, and when used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that acupuncture may be recommended at an initial 3 to 6 treatments, followed by extended visits with documented evidence of functional improvement for 1 to 3 times per week for up to 1 to 2 months. The clinical information provided for review indicated that the patient had previously been treated with 11 acupuncture treatments and reported significant improvement. However, the documentation submitted failed to show evidence of objective functional gains made with her previous acupuncture treatment. Additionally, as the California MTUS Guidelines specifically state that acupuncture is only recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention, the patient's documentation should show evidence of participation in physical therapy, a home exercise program, or a plan for surgical intervention. As the documentation failed to show evidence of either, the request for acupuncture treatment on its own is not supported by evidence based guidelines. For the reasons noted above, the request is non-certified