

Case Number:	CM13-0066969		
Date Assigned:	01/08/2014	Date of Injury:	07/23/2009
Decision Date:	05/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 a licensed Chiropractor 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 65 year old female who reported neck and low back pain from injury sustained on 7/23/09, while lifting a box her foot got stuck in the shrink wrap and she fell. X-rays and MRI revealed spine fracture for which she had surgery. EMG of lower extremity revealed L4 radiculopathy. The patient was diagnosed with sprain of lumbar region; sprain of neck, and joint hand pain. The patient has been treated with medication, physical therapy, and acupuncture. The patient was seen for a total of 10 acupuncture visits. Acupuncture progress notes were not included in the medical records. Per notes dated 10/14/13, the patient complained of neck greater than low back pain. Neck and low back pain caused clicking, burning, stiffness, stabbing, and numbness; pain is rated at 8-9/10. Per notes dated 11/4/13, the patient complained of ongoing neck and low back pain. The patient had acupuncture in April and it helped. Primary care is requesting an additional 6 sessions for neck and 6 sessions for low back. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient has not had any long term symptomatic or functional relief with acupuncture care as she continues to have pain rated at 8-9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE CERVICAL AND LUMBAR SPINE (6 FOR EACH AREA):

Upheld

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 pages 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". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 or decrease in medication intake. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.