

Case Number:	CM13-0067263		
Date Assigned:	01/03/2014	Date of Injury:	12/28/2003
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
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 Acupuncturist 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 51 year old female who reported neck and low back pain from injury sustained on 12/28/03. The patient was diagnosed with cervical spine sprain/ strain; post laminectomy syndrome of cervical spine; lumbar sprain/ strain; post laminectomy syndrome of lumbar spine, and chronic pain syndrome. The patient was treated with cervical and lumbar fusion surgeries; medication; physical therapy and acupuncture. The patient was seen for a total of 18 acupuncture visits. Acupuncture progress notes were not included in the documents to be reviewed. Per records patient has had few allergic reactions to medications. Per notes dated 10/22/13, patient complained of pain in multiple areas including cervical spine, lumbar spine, right upper extremity and bilateral lower extremity. Pain is described as pricking, aching, burning, sharp and shooting which is constant and intermittent in nature with limited range of motion. The patient had significant benefit from acupuncture in the past. Primary care is requesting additional 12 acupuncture visits of which 6 were authorized by the utilization reviewer per guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient continues to be symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LOWER BACK AND CERVICAL BACK: 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 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. There is lack of evidence that prior acupuncture care was of any functional benefit. Primary treating physician requested additional 12 visits of which 6 visits were authorized by the utilization reviewer which is per guidelines. 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. Per review of evidence and guidelines, 3X4 acupuncture treatments are not medically necessary.