

Case Number:	CM13-0068237		
Date Assigned:	01/03/2014	Date of Injury:	06/20/2011
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 44-year-old female who reported an injury on 06/20/2011. The patient was reportedly injured while assisting a client from a chair to the bed. The patient is currently diagnosed with chronic neck pain, radicular symptoms in bilateral upper extremities, chronic thoracic pain, chronic intractable pain, radicular symptoms in bilateral lower extremities, status post cervical spine fusion, status post posterior iliac crest bone graft, and pectoralis tendonitis on the left secondary to cervical pathology. The patient was seen by [REDACTED] on 10/30/2013. The patient reported persistent pain. Physical examination revealed positive tenderness over the par cervical musculature, positive muscle spasm in the par cervical musculature, tenderness in the posterior superior iliac spine region, positive muscle spasm in the par lumbar musculature, and intact sensation with 5/5 motor strength in all muscle groups of the lower extremities. Treatment recommendations included acupuncture therapy 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 3 x 6 cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request is for additional acupuncture therapy. However, there is no evidence of a previous course of acupuncture therapy. Without documentation of objective functional improvement following an initial course, additional therapy cannot be determined as medically appropriate. Furthermore, the current request for 18 sessions of acupuncture therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.