

Case Number:	CM13-0068904		
Date Assigned:	01/03/2014	Date of Injury:	12/03/2007
Decision Date:	04/01/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 licensed 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 58 year old male who reported neck, shoulder and low back pain from injury sustained on 12/3/2007. Patient stated that he suffers from a cumulative trauma injury which occurred because he works that involves driving an old truck and maneuvering the steering wheel with left hand. MRI of the cervical spine revealed multilevel cervical disc disease with stenosis and facet arthrosis. MRI of the lumbar spine revealed multilevel intervertebral disc dessiccation. Patient has been diagnosed with cervical disc degeneration, lumbar disc degeneration, cervical radiculopathy, lumbar radiculopathy, chronic pain syndrome right shoulder impingement and post left shoulder arthroscopy pain X2. Patient was treated with extensive medication, physical therapy and acupuncture. Per notes dated 5/6/13, "treatmen since injury include medication-helpful, acupuncture- temporary relief before and after surgery; patiet has failed conservative therapy and wishes to proceed with epidural injection. Acupuncture progress notes were not provided for the review. Per 8/26/13 his pain has increased to 7/10 with medication and 8/10 without medication. Per notes dated 9/23/13, pain increased to 8/10 with medication and 10/10 without medication. Per notes dated 12/16/13, patient complains of neck pain that radiates bilaterally to upper extremity; low back pain that radiates bilaterally to low extremity, pain with medication is 7/10 and 9/10 without medication. 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. 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:

Additional acupuncture for the spine (4 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment guidelines, 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 is 3-6 treatments with a frequency of 1-3 times per week. Optimum duration is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. This 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. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.