

Case Number:	CM13-0071413		
Date Assigned:	05/14/2014	Date of Injury:	07/10/2013
Decision Date:	07/10/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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, has a subspecialty in 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 45 year old female who reported neck, left shoulder and low back pain from injury sustained on 7/11/13 due to a slip and fall. MRI of the cervical spine revealed 1-2mm posterior disc bulge at C4-C7 and straightening of the cervical lordosis. MRI of the lumbar spine revealed 1-2mm posterior disc bulge at L3-4 and L4-5. Nerve conduction study showed mild to moderate bilateral carpal tunnel syndrome. Patient is diagnosed with cervicalgia; joint pain in hand and upper arm; displacement of cervical intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy and carpal tunnel syndrome. Patient has been treated with medication and physical therapy. Per notes dated 8/23/13, patient complains of neck, left shoulder and low back pain. Pain in the neck is rated at 8/10; lumbosacral pain 10/10 and left wrist pain 8/10. Patient states she has pain radiating to the inside of her leg and occasionally to the lateral side of her leg. Per notes dated 2/21/14, patient complains of increase pain and weakness to the left hand. Primary treating physician is requesting 12 acupuncture sessions. It is unclear if the request is for initial course or additional treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additionally, requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X A WEEK FOR 6 WEEKS FOR CERVICAL SPINE, LUMBAR SPINE, AND LEFT SHOULDER: 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". It is unclear if the patient has had prior acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. If the patient has had prior acupuncture, medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.