

Case Number:	CM13-0072423		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2012
Decision Date:	03/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 patient is a 35-year-old male who sustained a work-related injury on 12/13/12. According to the progress report dated 10/31/13, the patient complained of neck and low back pain at 4-5/10. The patient complained of numbness, tingling, and pain to the hand and left lower extremity. Significant objective findings included normal gait, normal heel-toe walk, and bilateral paraspinal tenderness. Range of motion was decreased in the cervical, thoracic, and lumbar spine, and sensation was decreased on the left C5, C6, C7, L4, L5, and S1 dermatomes. The motor strength in the upper and lower extremity was 5/5. The patient was diagnosed with herniated nucleus pulposus of the cervical and lumbar spine, cervical and lumbar radiculopathy, and cervicogenic vs. neurogenic headaches. The patient has completed 16 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture once a week for six weeks for the cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. It states that acupuncture may be extended past an initial trial if functional improvement is documented. According to the progress report dated 10/31/13, the patient had completed 16 acupuncture sessions. Since then, the patient completed four more acupuncture sessions, totaling 20 to date. The patient noted that acupuncture was beneficial, and would like to return for additional treatment. The patient has been placed on a trial of Norco 5/325mg in an attempt to increase his function and reduce his pain levels. In addition, the provider has requested for a transforaminal epidural steroid injection. There has been no documentation of function improvement from previous acupuncture therapy. The patient continues to experience pain. There was no reduction in dependency on continued medical treatment; the patient was place on a trial of Norco and an epidural steroid was recommended. Based on the lack of functional improvement, the provider's request for additional acupuncture is not medically necessary.