

Case Number:	CM13-0072550		
Date Assigned:	01/08/2014	Date of Injury:	07/19/2012
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
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 Board Certified 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 42 year old male who reported right shoulder, neck and low back pain from injury sustained on 7/19/12 due to a slip and fall. MRI revealed degenerative disc disease, discogenic disease and transitional disc. Patient was diagnosed with cervical sprain/strain; multilevel lumbar degenerative disc disease with facet arthropathy; lumbar retrolisthesis and multilevel HNP's of lumbar spine. He was treated with medication; physical therapy; cortisone injection and acupuncture. Per notes dated 10/07/13, the patient is following up for neck and back pain. The patient has had chiropractic and acupuncture which did not help to decrease his pain. Patient reports neck pain 6-7/10 and low back pain 7/10 with radiation to the lower extremity. He also complains of severe muscle spasms. Per notes dated 11/8/13, patient complains of low back and leg symptoms with diffuse tenderness throughout the thoracic paraspinals; 8 acupuncture sessions are requested for the low back. There is no assessment in the provided medical records of functional efficacy with prior care visits. Patient hasn't had any long term symptomatic or functional relief with care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES WEEKLY FOR TWO (2) WEEKS, (TRIAL LUMBAR): 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(s) 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 hasn't 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. 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, 8 Acupuncture visits are not medically necessary.