

Case Number:	CM14-0000592		
Date Assigned:	04/28/2014	Date of Injury:	03/03/2013
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 42 year old male who reported neck and low back pain from injury sustained on 3/3/13 after he fell off a ladder. Electrodiagnostic study of the upper limbs was normal and Electrodiagnostic study of the lower limb revealed mild acute S1 on the right. Patient has been diagnosed with lumbar spine sprain/strain; cervical spine sprain/strain; status post of right distal radius fracture healing; status post facial contusion and sleep disturbance. He has been treated with medication, chiropractic, physical therapy and acupuncture. Patient was re-evaluated after 6 acupuncture visits to determine if care has been beneficial and/or if further treatment is necessary. Per acupuncture progress notes dated 09/27/13, patient complains of constant aches, soreness and sharp pain on the cervical and lumbar spine. He also complains of numbness and tingling to the right limb through the posterior aspect of the thigh. Physical activities aggravated the pain; cervical spine pain rated at 5-7/10 and low back pain rated at 7-8/10. Per acupuncture progress notes dated 10/4/13, getting temporary relief". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. There is lack of evidence that prior acupuncture care was of any functional benefit. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE CERVICAL AND LUMBAR SPINE: 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". 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.