

Case Number:	CM14-0001939		
Date Assigned:	01/24/2014	Date of Injury:	05/27/2009
Decision Date:	06/10/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/07/2014

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 49 year old male who reported neck and low back pain from injury sustained on 5/27/09. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient was diagnosed with cervical spine sprain/strain; degenerative disc disease of cervical spine; multilevel disc herniation; radiculitis of left lower extremity; bilateral shoulder impingement; low back pain; herniated disc lumbar spine and radiculitis of left lower extremity. Patient has been treated with medication and acupuncture. Per notes dated 11/12/13, patient is doing much better and is working full duty; however, he still has flare-ups of neck, shoulder and back. Primary care is requesting 18 additional acupuncture sessions is exceeds maximum quantity per guidelines. Per notes dated 1/15/14, patient complains of nagging pain in his neck with radiculopathy. He is undergoing acupuncture which gives him relief of his unbearable pain. He has increasing pain with flexion of the neck. Previous acupuncture progress notes were not provided for review. Patient reported symptomatic improvement but there is lack of functional improvement. 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 have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) ACUPUNCTURE SESSIONS FOR THE CERVICAL SPINE 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(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 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. Furthermore requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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, 18 acupuncture treatments are not medically necessary.