

Case Number:	CM14-0008951		
Date Assigned:	02/12/2014	Date of Injury:	04/16/2004
Decision Date:	06/10/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 62 year old female who reported neck, mid back, low back and extremity pain from injury sustained on 4/16/04. X-rays of the cervical spine revealed severe degenerative disc disease at C7-T1. MRI of the lumbar spine revealed degenerative disc disease with facet arthropathy and retrolisthesis L3-L4 with grade 1 anterolisthesis L5-S1 with bilateral spondylolysis. MRI of the thoracic spine revealed multi level degenerative disc disease. Patient was diagnosed with cervical disc degeneration; chronic pain syndrome; pain in joint -leg; spondylolysis of lumbosacral junction. Patient was treated with medication, therapy, acupuncture and surgery. Per notes dated 11/15/13, she is following up for neck, mid back and low back pain which is rated at 6-8/10. Status post neck fusion C6-T1 7/26/13; she also complains of increased muscle spasm. Patient has had acupuncture before the surgery. She has tenderness to palpation of the cervical spine and thoracic spine muscles. Primary treating physician is requesting 6 acupuncture sessions to help decrease pain, decrease muscle spasm and increase function. Patient hasn't had any long term symptomatic or functional relief with 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:

ACUPUNCTURE SIX SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 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; however, she has not had acupuncture treatment since her surgery. Per above mentioned guidelines acupuncture is used to hasten functional recovery post surgery. Primary treating physician is recommending 6 acupuncture sessions to help decrease pain, decrease muscle spasm and increase function which is within guidelines. Per review of evidence and guidelines, 6 acupuncture treatments are medically necessary.