

Case Number:	CM14-0104023		
Date Assigned:	07/30/2014	Date of Injury:	12/02/2011
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 licensed 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 67 year old male who reported neck and low back pain from injury sustained on 12/02/11. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with cervical hyper flexion/hyperextension injury; cervical discopathy; thoracic discopathy; lumbar hyper flexion/ hyperextension injury and lumbar discopathy. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 03/12/14, patient complains of neck and low back pain rated at 6/10. Pain levels fluctuate with activity. When he bends at the waist, it causes a significant amount of irritation. Examination revealed tenderness to palpation over the paralumbar musculature and decreased range of motion. Provider requested 8 additional acupuncture treatments which were denied by the utilization reviewer due to lack of functional improvement with prior visits. Per utilization review appeal dated 04/24/14, "please note that the patient noted benefit from previous acupuncture; it is my belief that my patient needs further medical care in form of acupuncture to decrease his pain and weakness". Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits for the 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. Per medical notes dated 03/12/14, patient complains of neck and low back pain rated 6/10; pain levels fluctuate with activity. Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Per UR appeal dated 04/24/14, "please note that the patient noted benefit from previous acupuncture". Previous acupuncture notes were not provided for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, 8 acupuncture treatments are not medically necessary.