

Case Number:	CM14-0106504		
Date Assigned:	07/30/2014	Date of Injury:	10/25/2012
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 44 year old male who reported neck, hands and knee pain from injury sustained on 10/25/12. Mechanism of injury was not documented in the provided medical records. MRI of the cervical spine revealed degenerative disc disease with herniated nucleus pulposus at C3-4, C4-5, C5-6 and C6-7. Patient is diagnosed with head trauma rule out history of loss of consciousness; cervical spine sprain/strain; herniated cervical disc; headaches knee and leg sprain; and wrist and hand sprain. Patient has been treated with medication, physical therapy and epidural injection. Per medical notes dated 02/19/14, patient complains of headaches, pain in the neck with radicular symptoms into the arms and burning red eyes. Per medical notes dated 04/02/14, patient complains of neck pain with radicular symptoms into the arms. Examination revealed decreased range of motion. Per medical notes dated 05/14/14, patient complains of pain in the neck with radicular symptoms into the arms. Patient complains of blurred vision and redness in his eyes. Examination revealed decreased cervical spine range of motion with tightness and spasm of the trapezius and sternocleidomastoid. Provider is requesting 1 times 6 acupuncture sessions for knee, neck and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time per week times 6 weeks to the knee, neck and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back pain; hand/wrist and forearm pain

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". It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Acupuncture is used as an option when pain medication is reduced or not tolerated which has not been documented in the provided medical records. 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 (if any acupuncture visits were administered). Furthermore Official Disability Guidelines do not recommend acupuncture for neck, hand or wrist pain. Per guidelines and review of evidence, 1 times 6 acupuncture visits are not medically necessary.