

Case Number:	CM14-0107791		
Date Assigned:	08/01/2014	Date of Injury:	04/27/2012
Decision Date:	09/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 Medicine, has a subspecialty 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 41-year-old who reported neck, mid back, low back, right shoulder and right knee pain from injury sustained on April 27, 2012 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with lumbar disc protrusion; lumbar muscle spasm; lumbar radiculopathy; lumbar sprain/strain; right shoulder impingement syndrome; right shoulder sprain/strain; right knee internal derangement; right knee sprain/strain; anxiety and loss of sleep. Per medical notes dated July 10, 2014, patient complains of moderate dull, achy, sharp low back pain aggravated by lifting 10 pounds, repetitive sitting, standing, walking and bending. Patient complains of right shoulder pain and right knee pain. Examination revealed tenderness to palpation of the lumbar paravertebral muscles. Provider is requesting 2X4 acupuncture treatments. It is unclear if the patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical, thoracic, lumbar, right shoulder/arm, and right knee, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment Guidelines, 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. Primary physician is requesting 2X4 acupuncture treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Medical notes fail to document functional improvement with prior acupuncture sessions (if any administered). Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Therefore, the request for acupuncture for the cervical, thoracic, lumbar, right shoulder/arm, and right knee, twice weekly for four weeks is not medically necessary or appropriate.