

Case Number:	CM14-0010956		
Date Assigned:	02/21/2014	Date of Injury:	05/03/2000
Decision Date:	07/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 patient is a 52-year-old female who has submitted a claim for neck sprain associated with an industrial injury date of May 3, 2000. Medical records from June 2013 - February 2014 were reviewed, which showed that the patient complained of neck pain, rated 6-7/10 with radiating symptoms toward the left trapezius and scapular area and down to her arm and wrist. On physical examination, it shows flexion is 70 degrees, extension 30 degrees, right rotation is 40 degrees, left rotation 40 degrees, right tilt 40 degrees, and left tilt 30 degrees. There is allodynia and decreased sensitivity to bilateral trapezii, left worse than right. Neurovascularly, the patient is intact to both upper extremities. Reflexes are 1+ to the biceps, triceps and brachioradialis. Treatment to date have included medications such as Flexeril 10mg once every 8-12 hours as needed for spasm, methyl salicylate for direct application to neck and upper back, physical therapy and acupuncture sessions. Utilization review from January 10, 2014 modified the request for Acupuncture Times 12 Visits for the Cervical Spine into 3 sessions because the data provided did not give any objective measure of improvement with the additional sessions of acupuncture; and functional capacity evaluation because the patient remained in an actively treating phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Times 12 Visits for The Cervical Spine: 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 referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the medical records showed that the patient underwent an unknown number of acupuncture sessions. However, there was no documentation of the number of treatments and whether there was functional improvement. Therefore, the request for Acupuncture Times 12 Visits for the Cervical Spine is not medically necessary.