

Case Number:	CM14-0013517		
Date Assigned:	02/26/2014	Date of Injury:	03/05/2009
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 61 year old female who reported neck pain from an injury sustained on 3/5/09. The mechanism of injury was not provided for review. There were no diagnostic imaging reports. The patient was diagnosed with cervicgia and chronic pain. She has been treated with medication, chiropractic, and acupuncture. Per notes dated 1/13/14, the patient reports a reduction in symptoms until recently. She complains of increased right upper extremity radicular symptoms. The patient is tender to palpation with muscle spasms in the cervical spine paraspinals. Range of motion of the cervical spine is limited. The primary treating physician is requesting an additional six acupuncture sessions. The patient was seen for a total of six visits. She reported symptomatic improvement for the first six visits, but lack of functional improvement. Acupuncture progress notes were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: 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. The time to produce function improvement is 3-6 treatments at a frequency of 1-3 times per week over the course of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. . 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. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Hand written notes were illegible. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. As such, the request is not medically necessary.