

Case Number:	CM14-0015308		
Date Assigned:	02/28/2014	Date of Injury:	07/13/2010
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/06/2014

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 Services 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 54 year old male who reported low back, upper back, and neck and elbow pain from injury sustained on 7/13/10 due to repetitive use of heavy lifting. There were no diagnostic imaging reports. Patient was diagnosed with lumbar facet syndrome; thoracalgia; cervicobrachial syndrome and myalgia. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per notes dated 11/10/13, patient complains of low back pain rated at 9/10 which is constant, sharp and stabbing. Pain in the upper back and neck is rated at 9/10. He has tenderness to palpation and decreased range of motion. Per notes dated 12/13/13, patient complains of neck, bilateral elbow, middle and low back pain radiating to the right buttock. Examination revealed tenderness to palpation and decreased range of motion throughout the spine. Per notes dated 1/29/14, "It has been over 6 months since the last time the patient had acupuncture and had improved 50-60% and is why we are requesting further treatment; patient pain has deteriorated without treatment therefore I feel it is very important to initiate treatment". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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, none of which were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE LOW BACK, UPPER BACK, CERVICAL 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. Primary physician notes state that the patient had 50-60% improvement with prior acupuncture treatment. Acupuncture progress notes were not included in medical records for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, acupuncture treatments are not medically necessary.