

Case Number:	CM14-0015614		
Date Assigned:	02/28/2014	Date of Injury:	02/27/2012
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 02/27/2012 after she assisted a young girl in preventing a slip and fall while exiting a bus. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications, physical therapy, and an epidural steroid injection. The injured worker was evaluated on 01/14/2014. It was documented that the injured worker had increased right neck and shoulder pain. The physical findings included 1 to 2+ palpable muscle spasming with a positive twitch response and pain with cervical spine range of motion. The injured worker had a positive Spurling's sign. The injured worker's diagnoses included cervical spine sprain/strain, cervical spondylosis with facet arthropathy, right neural foraminal stenosis, cervical degenerative disc disease, thoracic sprain/strain, right shoulder pain, status post left epicondyle release, symptomatic carpal tunnel syndrome, depression and anxiety. The injured worker's treatment plan included an additional epidural steroid injection, continuation of medications, a psychiatric consult, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS 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: The Acupuncture Medical Treatment Guidelines recommend acupuncture as an adjunct treatment to an active functional restoration program. The clinical documentation submitted for review does not provide any evidence that the injured worker is participating in any type of active therapy, such as a self-directed home exercise program or supervised skilled therapy that would benefit from an adjunctive treatment, such as acupuncture. Additionally, the clinical documentation does not provide any evidence that the injured worker has undergone any type of acupuncture previously. The guidelines also recommend a trial of six (6) visits to establish the efficacy of treatment. The request is for twelve (12) treatments. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested acupuncture two (2) times a week for six (6) weeks for the cervical spine is not medically necessary or appropriate.