

Case Number:	CM14-0017521		
Date Assigned:	04/14/2014	Date of Injury:	07/21/2009
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 shoulder, upper back and low back pain from injury sustained on 7/21/09 after a motor vehicle accident. There were no diagnostic imaging reports provided in the medical records. Patient was diagnosed with cervical radiculopathy; right shoulder impingement syndrome and lumbar radiculopathy. Patient has been treated with medication, acupuncture and psychotherapy. Per notes dated 05/14/13, patient had 12 acupuncture visits which improved his shoulder symptoms. Acupuncture notes were not provided in the medical records for review. Patient had additional acupuncture sessions. Per notes dated 01/15/14, patient continues to have low back pain, neck pain and mild headache. He also complains of constant right leg pain and continues to have restricted range of motion. The provider noted that acupuncture helps to reduce the patient's pain. Primary care is requesting additional 12 acupuncture sessions for neck, back, shoulder and sciatica; 12 additional sessions for back, shoulder and sciatica. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT TO THE NECK, BACK, SHOULDERS, AND SCIATICA, QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- 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". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Provider notes that acupuncture helps to reduce patient's pain; however, ODG guidelines do not recommend acupuncture for neck pain. Additionally, more visits may be rendered if the patient has documented objective functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 12 acupuncture treatments are not medically necessary.

ACUPUNCTURE TREATMENT TO THE BACK, SHOULDERS, AND SCIATICA, QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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; none of which were documented. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.