

Case Number:	CM14-0111980		
Date Assigned:	08/18/2014	Date of Injury:	04/11/2013
Decision Date:	10/07/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 45-year-old female who reported neck and low back pain from injury sustained on 04/11/13 due to syncopal episode in which she fell backwards and hit her head. X-rays of the cervical spine revealed degenerative changes and intervertebral disc space narrowing at C5-6. X-rays of the lumbar spine revealed mild to moderate degenerative changes at L5-S1. MRI of the lumbar spine revealed multilevel disc bulges. MRI of the cervical spine revealed straightening of cervical lordosis, moderate spondylosis, and mild canal stenosis at C5-6 with 3mm disc bulge. Electrodiagnostic studies of the upper and lower extremity revealed acute left C6, C7 radiculopathy and acute bilateral L5 and S1 radiculopathy. Patient is diagnosed with cervical spine disc protrusion, stenosis, and lumbar spine disc protrusion with left lower extremity radiculopathy. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 05/28/14, patient complains of low back pain that radiates down into her left foot. She also complains of neck pain and radicular symptoms more on the left than the right. Examination revealed decreased range of motion. Per medical notes dated 06/27/14, patient completed eight acupuncture treatments at the end of January. With treatment she had more days of tolerable pain, she took less pain medication, she was able to do quick grocery shopping, and walking around the house, ADLs lasts 2-3 months. Patient continues to complain of back, neck and shoulder pain with radiating pain into the upper and lower extremities. Provider is requesting Additional 2x12 Acupuncture Treatments. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not sustained significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, 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: one-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. Per medical notes dated 06/27/14, patient completed 8 acupuncture treatments at the end of January. With treatment she had more days of tolerable pain, she took less pain medication, she was able to do quick grocery shopping, and walking around the house, ADLs lasts 2-3 months. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not sustained significant objective functional improvement to warrant additional treatment. Provider is requesting additional 2X12 acupuncture visits, which are not reasonable as guidelines support 3-6 treatments for 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. Per review of evidence and guidelines, 2X12 acupuncture treatments are not medically necessary.