

Case Number:	CM14-0112838		
Date Assigned:	09/18/2014	Date of Injury:	06/27/2008
Decision Date:	10/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 54 year old female who reported neck pain from injury sustained on 06/27/08. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with cervical disc displacement without myelopathy; cervical spondylosis without myelopathy; spasm of muscle; post laminectomy syndrome of cervical region; lumbosacral spondylosis without myelopathy; cervicgia and pain in limb. Patient has been treated with cervical fusion surgery and shoulder surgery, epidural injection, medication, physical therapy and acupuncture. Per medical notes dated 04/18/14, patient complains of neck pain, right upper extremity pain and diffuse low back pain. Patient reported that her pain is typically of severe intensity without treatment on a regular basis. Pain is described as aching and stabbing. Pain is exacerbated by periods of increased activity and lifting of objects. Per medical notes dated 06/03/14, patient complains of neck, right upper extremity and diffuse low back pain. Pain is rated at 7/10. Pain is described as aching sensation in the neck and upper extremity. Provider requested additional 2X6 acupuncture treatments for cervical spine. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved 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 2xwk X 6wks Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, Acupuncture

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". Per utilization review, patient has had prior acupuncture treatment. Per medical notes dated 06/03/14, patient complains of neck, right upper extremity pain and diffuse low back pain. Pain is rated at 7/10 and is described as aching sensation in the neck and upper extremity. Provider requested additional 2X6 acupuncture treatments for cervical spine. Requested visits exceed the quantity supported by guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.