

Case Number:	CM14-0113469		
Date Assigned:	08/01/2014	Date of Injury:	05/06/2013
Decision Date:	09/23/2014	UR Denial Date:	06/18/2014
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 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 65 year old male who reported neck and low back pain from injury sustained on 05/06/13. Mechanism of injury is not documented in the provided medical records. X-rays of the lumbar spine revealed no fracture or listhesis; a partially lumbarized S1 vertebral body; degenerative disc disease at L1-2, L2-3 and L5-S1. X-rays of the cervical spine revealed no fracture or listhesis and moderate degenerative disc disease at C5-6 and C6-7. Patient is diagnosed with radiculopathy, sciatica, lumbago and cervicgia. Patient has been treated with medication, chiropractic and acupuncture. Per medical notes dated 03/18/14, patient is doing about the same, there are no major changes. Per acupuncture progress notes dated 04/04/14, patient reports no change with treatment. His pain has increased and sleep has decreased in the last week. Pain is rated at 5/10. Per medical notes dated 04/21/14, patient reports soreness in mid back, neck and low back. No changes, pain is worse at night and is rated at 4/10. Primary physician is requesting additional 1X12 acupuncture treatments for the lumbar 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 1 time a week for 12 weeks: 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 pages 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. 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. 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. Per review of evidence and guidelines, 1x12 acupuncture treatments are not medically necessary.