

Case Number:	CM14-0116038		
Date Assigned:	08/04/2014	Date of Injury:	11/13/2013
Decision Date:	09/12/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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, 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 47 year old female/male who reported neck and low back pain from injury sustained on 11/13/13 after she was rear-ended in a motor vehicle accident going 15 mph. X-rays of the cervical and lumbar revealed no acute bony abnormalities. MRI of the lumbar spine revealed 1-2mm right paracentral disc at T12-L1 and L5-S1 there was sacralized appearance to the L5 vertebral body. MRI of the pelvis revealed bilateral anterolateral partial labral tear. Patient is diagnosed with cervical strain, cervical disc disorder, lumbar strain, and lumbar disk disorder, right Pubic OS pain, right T12-L1 paracentral disk protrusion and bilateral partial labral tear. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 03/19/14, patient complains of neck pain, low back pain. She has been receiving physical therapy and acupuncture. There is slight improvement. However, she is still complaining of multiple symptoms most especially numbness and tingling of bilateral arm and feet which happens intermittently but frequently. Per medical notes dated 04/09/14, patient reports bilateral hands and feet are intermittently numb. Her tailbone hurts to her neck and back. Si joint area hurts. Cervical range of motion is full in all directions. She has tenderness to palpation with neck rotation and bilateral trapezius area. Per medical notes 04/24/14, patient complains of neck pain in her low back, pubic bone, right lower back, right buttock and numbness and tingling in bilateral hands and feet. Provider is requesting additional 6 acupuncture treatment. 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 6 sessions for neck pain: 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) <Insert Section (Neck and upper back)>, <Insert Topic (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". Patient has had prior acupuncture treatment. Per medical notes dated 03/19/14, she has been receiving acupuncture and physical therapy; there is slight improvement. 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, additional 6 Acupuncture treatments is not medically necessary.