

Case Number:	CM14-0118858		
Date Assigned:	08/06/2014	Date of Injury:	02/02/2013
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 37-year-old male who reported an injury on 02/02/2013. The injured worker's mechanism of injury was not provided within the documentation submitted for review. His diagnoses were noted to be low back pain, neck pain, thoracic pain, and left shoulder pain. His prior treatments were noted to be acupuncture, infrared therapy, and Asian massage. The injured worker was noted to have diagnostic testing. In addition, the injured worker had a surgical procedure of radiofrequency ablation at the bilateral L4-5 and L5-S1 medial branch nerves. An evaluation on 04/21/2014 noted the injured worker with subjective complaints of back, neck, mid-back, and left shoulder pain. The objective findings included palpable tenderness over the cervical, thoracic, and lumbar paraspinals. The treatment plan was to continue acupuncture. The rationale for the request was noted within the documentation. A Request for Authorization form was not noted within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 acupuncture visits is not medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The efficacy of prior treatments was not noted within the review. In addition, the documentation failed to support significant improvement in activities of daily living or a reduction in work restrictions as the guidelines recommend for additional therapy. Therefore, the request for 8 Acupuncture visits is not medically necessary.