

Case Number:	CM14-0119839		
Date Assigned:	08/06/2014	Date of Injury:	10/06/2012
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/30/2014

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 43-year-old male who reported neck, shoulder and knee pain from injury sustained on 10/06/12. He was on a ladder performing his usual and customary duties when he fell and injured his right knee, head laceration, head injury, multiple cervical spine fractures. Patient is diagnosed with traumatic brain injury, headaches, cervical spine pain with active cervical radiculopathy, carpal tunnel syndrome, right thumb flexor tendinitis and right knee pain. Patient has been treated with multiple surgeries, medication, injection and acupuncture. Per medical notes dated 05/24/14, patient reports on and off headaches. He describes dizziness, vertigo, memory problems, loss of balance and depression. He complains of intermittent pain of the back of his neck radiating to his shoulder. He reports constant upper back pain, radiating to his legs, associated with stiffness, spasms and cramping. He notes intermittent bilateral hips, thigh, and knee pain associated with weakness, cramping and spasm. Per medical notes dated 06/23/14, patient complains of neck pain, left shoulder pain, which has improved with injection. Examination revealed tenderness to palpation over the paraspinal muscles. Per medical notes dated 07/23/14, he is undergoing acupuncture, which he feels has not been helpful. He complains of right knee pain. He complains of weakness over his left shoulder with popping sensation. He continues to have ongoing neck pain. 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 treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective acupuncture (Date of Service 07/01/14): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain for Purposes of Acupuncture.

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: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". It is unclear if the patient has had prior acupuncture treatment. There is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures to necessitate 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. 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, retrospective acupuncture treatments are not medically necessary.