

Case Number:	CM14-0124358		
Date Assigned:	08/08/2014	Date of Injury:	03/08/2004
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Preventive 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:

According to the records made available for review, this is a 62-year-old male with a 3/8/04 date of injury. At the time (7/14/14) of request for authorization for Acupuncture Treatment Qty: 9.00, there is documentation of subjective (worsening of parts of the patient's injury, patient has seen chiropractor and acupuncturist since last visit, acupuncture allows for less Norco use) and objective (decreased range of motion in neck and lumbar spine, and paraspinal muscle tenderness in lumbar region) findings, current diagnoses (intervertebral disc disorder, degeneration thoracic, complete rupture of rotator cuff on the left, neck sprain, interscapular region contusion), and treatment to date (acupuncture, chiropractic, and medications (including Norco and Flexeril)). The number of previous acupuncture treatments cannot be determined. There is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment Qty: 9.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc disorder, degeneration thoracic, complete rupture of rotator cuff on the left, neck sprain, interscapular region contusion. In addition, given documentation of previous acupuncture treatment that allows for less Norco use, there is documentation of a reduction in the use of medications as result of previous acupuncture treatment. However, there is no documentation of the number of previous acupuncture treatments. In addition, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture Treatment Qty: 9.00 is not medically necessary.