

Case Number:	CM14-0149282		
Date Assigned:	10/28/2014	Date of Injury:	09/06/2013
Decision Date:	12/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Acupuncture and Chiropractic 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 41 year old female who reported neck and low back pain from injury sustained on 09/06/13 after she slipped and fell down the stairs. MRI of the lumbar spine revealed multilevel disc bulges. Patient is diagnosed with lumbago, swelling in head and neck; lumbosacral neuritis; lumbar disc displacement; cervicgia; and post concussion syndrome. Patient has been treated with medication, chiropractic and acupuncture. Per medical notes dated 06/26/14, patient complains of stabbing pain in the neck, which radiates to the left shoulder and head. Pain is rated at 9/10 and is associated with tingling and weakness in the left shoulder. Patient complains of low back pain which radiates into the left lower extremity and is rated at 8/10. Pain is associated numbness and tingling and weakness in the lumbar spine and left leg. Provider recommends continuing acupuncture since she feels that it is having some improvement, although she is having some episodes of some setbacks. Per medical notes dated 08/07/14, patient complains of sharp neck pain rated 6/10 radiating down to left elbow; she has severe constant low back pain and chronic headaches. Examination revealed decreased range of motion with pain. Provider requested additional 12 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the cervical spine and lumbar spine two times a week for six 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 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 06/26/14, provider recommends continuing acupuncture since she feels that it is having some improvement, although she is having some episodes of some setbacks. Per medical notes dated 08/07/14, patient complains of sharp neck pain and severe constant low back pain; provider requested additional 12 acupuncture sessions. 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, 2x6 acupuncture treatments are not medically necessary.