

Case Number:	CM14-0153080		
Date Assigned:	09/23/2014	Date of Injury:	08/18/2009
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Interventional Spine, 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 patient is a 59-year-old male with date of injury of 08/18/2009. The listed diagnoses per [REDACTED]. [REDACTED] from 06/02/2014 are 1. Cervical degenerative disk disease and chronic neck pain, and right upper extremity radicular pain. 2. Status post cervical epidural cortisone injection on 02/21/2014 with no improvement of symptoms. 3. MRI of the cervical spine from 03/25/2014 is compared to prior MRI of 2009 shows worsening foraminal stenosis at C5-C6 with moderate to severe stenosis on the right. According to this report, the patient notes no significant change in his symptoms. He continues to complain of neck pain, right greater than the left with radiation of pain into the right upper extremity. The patient also reports numbness in the bilateral hands, right greater than the left. He states that the pain occasionally radiates to the head with intermittent headaches. He is currently taking Gralise 300 mg, Tramadol, and Lidoderm 5% patches. The examination shows the cervical spine continues to be restricted in all planes and is associated with discomfort over the trapezius muscles. Tenderness over the bilateral trapezius muscles and hypertonicity noted over the right trapezius muscles. There is also tenderness over the nuchal line of the occiput and cervical paraspinal muscles, right more than the left. Spurling's maneuver is negative. Mobility in the shoulder joints is full. Neurologic assessment in the upper extremities is unchanged. The utilization review denied the request on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with neck pain and numbness in the bilateral hands. The treater is requesting acupuncture. The MTUS Guidelines for acupuncture states that it is 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture treatment reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient has received 6 sessions of acupuncture; however, the extent to which prior acupuncture was significantly beneficial was not stated. The reports from 02/03/2014 to 06/30/2014 does not reference acupuncture treatments. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. For more than 6 trial sessions of acupuncture, MTUS require documentation of functional improvement. Functional improvement is defined in labor code 9792.20(e) as significant improvement in ADS, or change in work status, and reduced dependence on medication treatment. Such documentations are not provided and additional acupuncture treatments are not supported. Recommendation is for denial.