

Case Number:	CM14-0157738		
Date Assigned:	10/01/2014	Date of Injury:	02/14/2008
Decision Date:	12/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Services 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 59 year old male who reported neck and shoulder pain from injury sustained on 02/14/08. Mechanism of injury was not documented in the provided medical records. CT scan of the cervical spine dated 04/03/14 revealed postoperative changes with cervical spine, with decompression of the central canal and posterior stabilization at C3-6; fusion across C3-4 through C6-7; moderate to severe foraminal stenosis at left C3-4 and reversal of normal lordosis. MRI of the left shoulder dated 06/04/08 revealed type 1 down sloping of outer portion of acromion; full thickness tear of supraspinatus tendon and subchondral cyst. Patient is diagnosed with cervical failed back surgery syndrome; cervical radiculopathy; status post cervical spinal fusion; headaches and depression. Patient has been treated with cervical fusion surgery, medication, physical therapy and acupuncture. Per medical notes dated 04/17/14, patient report that the use of acupuncture, medication and H2-blocker is helpful. Per medical notes dated 05/16/14, acupuncture helps temporarily. Per medical notes dated 09/16/14, patient complains of difficulty swallowing and eating, he also complains of loss of balance and difficulty sleeping. Provider requested additional 2x6 acupuncture sessions for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical acupuncture with electrical stimulation 2x6: Upheld

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

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". Patient has had prior acupuncture treatment. Per medical notes dated 04/17/14, patient report that the use of acupuncture, medication and H2-blocker is helpful. Per medical notes dated 05/16/14, acupuncture helps temporarily. Provider requested additional 2x6 acupuncture sessions for cervical spine. 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.