

Case Number:	CM14-0158535		
Date Assigned:	10/02/2014	Date of Injury:	12/24/2011
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 60 year old male who reported pain in the neck, mid/upper back, lower back and headaches from injury sustained on 12/24/11. Mechanism of injury is no stated in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with head pain, cervical spine strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain, lumbar spine disc protrusion multilevel with radiculopathy, left knee strain/sprain, rule out cervical spine discogenic disease, rule out left knee internal derangement, sleep disturbance secondary to pain and depression, situational. Patient has been treated with medication, physical therapy, chiropractic care and acupuncture. Per notes dated 08/07/14, patient states their pain levels are as follows: headaches 5/10, neck and mid/upper back 6/10, lower back 7/10. Upon examination there was tenderness to palpation in the cervical spine, thoracic spine, lumbar spine and left knee. Additionally, there is restricted range of motion in the cervical, thoracic and lumbar spine. Primary treating physician requested 1 visit times 6 weeks which was denied. Patient has had 48 prior acupuncture treatments; however, there is no documented functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 for cervical spine, thoracic spine, lumbar spine, and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (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. 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 California (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. Additionally, patient has had 48 prior acupuncture treatments; requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional one times six acupuncture treatments are not medically necessary.