

Case Number:	CM14-0161759		
Date Assigned:	10/07/2014	Date of Injury:	03/20/2003
Decision Date:	12/02/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 51 year old female who reported neck, upper extremity and low back pain from injury sustained on 03/20/03 after a motor vehicle accident wherein she rear-ended a truck. X-rays of the cervical spine dated 06/09/10 revealed anterior interbody fusion at C6-7 and left shoulder degenerative changes at the acromioclavicular (AC) joint. Patient is diagnosed with degeneration of cervical intervertebral disc, chronic pain syndrome, brachial neuritis and myofascitis. Patient has been treated with medication, physical therapy, epidural injection and acupuncture. Per acupuncture progress notes dated 06/12/14, patient complains of persistent pain in the neck and right shoulder. Patient states that the pain in the neck and shoulder was better for the last 2 days, but experienced some stiffness on the neck and shoulder with busy daily activities. Examination revealed range of motion of the cervical spine was more flexible, but mild pain towards terminal range of motion on the right lateral bending. Per medical notes dated 07/02/14, patient complains of constant, dull, aching pain involving the posterior aspect of her neck with occasional sharp burning pain symptoms. She states that she gets relieved somewhat with acupuncture treatment. Per acupuncture progress notes dated 07/14/14, patient states that she had almost no pain for the last 2 days and experienced the pain again rated at 6/10 caused by aggravation and stress at work. Patient has had approximately 24 acupuncture sessions per utilization review. Provider has requested additional 2 times 6 acupuncture sessions for neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the neck/cervical spine: 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 acupuncture progress notes dated 07/14/14, patient states that she had almost no pain for the last 2 days and experienced the pain again rated at 6/10 caused by aggravation and stress at work. Patient has had approximately 24 acupuncture sessions per utilization review. Provider has requested additional 2 times 6 acupuncture sessions for neck pain. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 2 times 6 acupuncture treatments are not medically necessary.