

Case Number:	CM14-0164621		
Date Assigned:	10/09/2014	Date of Injury:	03/01/2014
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 neck and low back, shoulder and upper extremity pain from injury sustained on 03/01/14 due to motor vehicle accident. X-rays of the cervical spine revealed straightening of cervical lordosis, degenerative disc narrowing at C4-5, degenerative disc narrowing at C4-5 and degenerative marginal end plate osteophyte off and anterior inferior and superior C4, C5 and C6. X-rays of the right shoulder revealed cranial subluxation of distal clavicle, degenerative marginal osteophyte off the opposing surfaces of the distal clavicle and the acromion. X-rays of the lumbar spine revealed levoconvex scoliosis, degenerative marginal end plate osteophyte, surgical metallic clips projecting over the right upper quadrant of the abdomen and atherosclerotic abdominal aorta. Patient is diagnosed with multilevel cervical degenerative disc disease and multilevel neural foraminal stenosis, cervical sprain/strain, lumbar multilevel degenerative disc disease, multilevel disc herniation, lumbar sprain/strain, right shoulder severe degenerative joint disease of glenohumeral and acromioclavicular joints, right trigger thumb and right carpometacarpal and metacarpophalangeal joint. Patient has been treated with medication and physical therapy. Per medical notes dated 06/11/14, patient continues to have ongoing and similar complaints as last time. Examination revealed tenderness to palpation over the sternocleidomastoid, upper trapezius, splenius, levator scap with decreased range of motion of the cervical spine. Examination of the right shoulder revealed tenderness to palpation over the anterior and lateral deltoid biceps tendon, acromioclavicular joint, anterior and lateral acromion on the right. He had decreased range of motion of the right shoulder. Examination of the lumbar spine revealed tenderness over the lumbar paraspinous muscles with decreased range of motion and decreased lumbar lordosis. Per utilization review, patient has been authorized 6 acupuncture treatments. Provider requested additional 10 Acupuncture treatments. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture treatment to the lumbar and cervical spine, two times per week over five 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- 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". Per utilization review, patient has been authorized with 6 acupuncture treatments. Provider requested additional 10 acupuncture treatments; however, 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. Furthermore, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X5 acupuncture treatments are not medically necessary.