

Case Number:	CM14-0169873		
Date Assigned:	10/20/2014	Date of Injury:	08/07/2013
Decision Date:	12/24/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 54-year old female who reported neck, right shoulder, mid back, low back and right knee pain from injury sustained on 08/07/13 after a fire door closed on her in the back. There were no diagnostic imaging reports. Patient is diagnosed with neck sprain/strain, cervical spondylosis without myelopathy, sprain/strain of cruciate ligament of knee. Patient has been treated with medication and physical therapy. Per medical notes dated 08/12/14, patient complains of frequent neck pain radiating to the right shoulder described as aching and sore. She complains of mid back and low back pain that is sharp and tingling; right upper trapezius pain which is aching, sore and occasional right knee pain. Per medical notes dated 09/17/14, patient complains of continues neck pain and stiffness with muscle spasms. Examination revealed decreased cervical and lumbar spine range of motion. Provider requested initial trial of 2X3 acupuncture treatments with infrared lamp/medical supply, Kinesio taping for cervical spine, lumbar spine and right knee pain which was modified to 6 acupuncture treatments with Kinesio taping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Infra Lamp/Medical Supply/Kinesio Tape (C/Spine,L/Spine, Right Knee 2x3): 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 not had prior Acupuncture treatment. Provider requested initial trial of 2X3 acupuncture treatments with infrared lamp/medical supply, Kinesio taping for cervical spine, lumbar spine and right knee pain which was modified to 6 acupuncture treatments with Kinesio taping. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. The treating physician has not offered an evidence-based medical justification that supports this treatment request. Official Disability Guidelines: do not recommend acupuncture for neck and upper back pain. Per review of evidence and guidelines, 2x4 infrared therapy treatments are not medically necessary. Per guidelines and review of evidence, 6 acupuncture treatments with infrared lamp/medical supply, Kinesio taping for cervical spine, lumbar spine and right knee pain visits are not medically necessary.