

Case Number:	CM14-0174419		
Date Assigned:	10/27/2014	Date of Injury:	09/09/2009
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in 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 49 year old male who reported neck pain from injury sustained on 09/09/09. Mechanism of injury was not documented in the provided medical records. MRI of the cervical spine dated 02/04/10 revealed multilevel bulging disc right side at C5-6, over the left side at C6-7 measuring 4-5mm. EMG/NCS is unremarkable. Patient is diagnosed with chronic neck pain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 06/26/14, patient complains of persistent neck pain. He continues to do well on current medication regimen. He continues to work full time and exercise regularly. Per medical notes dated 09/18/14, patient complains of ongoing neck pain. No changes in symptoms since last visit. Examination revealed ongoing minimal tenderness to the cervical paraspinal muscles. Patient had acupuncture in February and it provided significant overall decrease in pain and increased range of motion; it allowed him to continue to work as well as decrease pain medication. Patient reported both symptomatic and functional improvement with prior treatment. Provider requested additional 8 acupuncture treatments for the neck which were modified to 4 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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 09/18/14, patient complains of ongoing neck pain. No changes in symptoms since last visit. Patient had acupuncture in February and it provided significant overall decrease in pain and increased range of motion; it allowed him to continue to work as well as decrease pain medication. Patient reported both symptomatic and functional improvement with prior treatment. Provider requested additional 8 acupuncture treatments for the neck which were modified to 4 by the utilization reviewer. Per guidelines 4-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.