

Case Number:	CM14-0176272		
Date Assigned:	10/29/2014	Date of Injury:	03/11/2009
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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, 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 53 year old female who reported neck and low back pain from injury sustained on 03/11/09 after she was hit by a police car. MRI of the lumbar spine dated 04/03/09 revealed 3mm disc protrusion with annular tear and disc bulging at L3-4 and L4-5. MRI of the cervical spine dated 12/23/13 revealed disc degeneration, bilateral foraminal stenosis; left facet arthropathy and mild foraminal narrowing. Patient is diagnosed with cervical and lumbar radiculitis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 09/25/14, patient reports that she is doing better and pain is rated at 3/10; acupuncture is helping. Per medical notes dated 10/09/14, patient complains of pain rated at 3-4/10. Pain is described as burning, sharp, shooting, tingling, numbness, stabbing, tightness and spasms. Pain is mildly alleviated by pain medication and acupuncture. Provider is requesting additional acupuncture. 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:

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition, Treatment Index

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 medical notes dated 09/25/14, patient reports she is doing better and pain is rated at 3/10; acupuncture is helping. Provider requested additional acupuncture sessions. 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. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.