

Case Number:	CM14-0184287		
Date Assigned:	11/12/2014	Date of Injury:	11/18/2012
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/05/2014

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 47 year old female who reported neck, low back, left shoulder, left ankle, left knee pain from injury sustained on 11/18/12 after she was hit with plastic boxes. MRI of the cervical spine revealed 1mm posterior disc bulge at C3-C7. MRI of the lumbar spine revealed 2-3mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing at L4-5; bilateral exiting nerve root compromises was seen at L5-S1, there was 2-3mm disc bulge resulting in mild to moderate bilateral neural foraminal narrowing. Patient is diagnosed with herniated disc of cervical spine; lumbar spine herniated nucleus pulposis; lumbar sprain/strain; left knee osteoarthritis; left ankle posterior tibial tendonitis. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 07/31/14, patient complains of neck pain rated at 6/10, low back and knee pain rated at 7/10, pain in the left ankle pain. Patient has been receiving acupuncture and chiropractic which is helpful. Per medical notes dated 09/11/14, patient complains of neck pain rated at 6/10, low back left knee pain rated at 7/10 and left ankle pain rated at 5/10. Examination revealed decreased range of motion. 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 2 Times A Week for 6 Weeks of The Cervical and Lumbar 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 medical notes dated 09/11/14, patient is receiving acupuncture and chiropractic which is helpful. Provider requested additional 2X6 acupuncture sessions for neck and low back. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, the requested Acupuncture is not medically necessary.