

Case Number:	CM14-0185673		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	12/30/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 year old male with an injury date on 03/01/2007. Based on the 09/15/2014 progress report provided by the treating physician, the diagnoses are cervical spine sprain/strain rule out herniated nucleus pulposus; rule out cervical spine radiculopathy; rule out umbilical hernia; low back pain; status post lumbar spine surgery; lumbar spine sprain/strain rule out herniated nucleus pulposus; rule out radiculitis, lower extremity; hypertension; anxiety disorder; mood disorder; sleep disorder; psychosexual dysfunction; and stress. According to this report, the patient complains of "burning, radicular neck pain and muscle spasms." Pain is described as constant, moderate to severe, that is a 6-7/10 on a pain scale. Pain is aggravated by looking up, looking down, and side to side as well as by repetitive motion of the head and neck. The patient is status post lumbar spine surgery with residual pain that is an 8/10 on a pain scale. Physical exam reveals tenderness at the suboccipital region, bilateral scalene, bilateral trapezius muscles, and lumbar paraspinal muscles. Cervical and lumbar range of motion is restricted. Cervical distraction, compression test, and Straight leg raise are positive. Sensation to pinprick and light touch is slight diminished over the C5, C6, C7, T1, L4, L5, and S1 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. The requesting provider provided treatment reports from 02/11/2014 to 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times a week for six weeks (3x6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation

http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc

Decision rationale: The current request is for acupuncture. The UR denial letter states "request is for Acupuncture 3x6. IW has had unknown prior sessions. No documented re-injury." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of reports does not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The 09/15/2014 report requests acupuncture but does not give an explanation. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the provider has asked for acupuncture but fails to specify amount of visits or give rationale for request and the utilization review report indicates that the request was for 18 visits which is beyond guidelines recommendations. Therefore, this request is not medically necessary.