

Case Number:	CM14-0021210		
Date Assigned:	05/07/2014	Date of Injury:	04/17/2012
Decision Date:	07/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 58 year old female who reported neck, wrist and low back pain from injury sustained on 4/17/12. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient was diagnosed with cervical disc displacement; lumbar disc displacement and sprain of wrist. Patient was treated with medication and acupuncture. Per notes dated 11/7/13, she reports intermittent moderate pain in her neck. Pain is worse with overhead movement and strenuous activities. Examination of the cervical spine reveals tenderness to palpation and decreased range of motion. Per notes dated 12/19/13, patient complains of intermittent moderate neck pain and intermittent moderate low back pain with radiation to the right hip and right thigh. She reports 30-40% temporary improvement with acupuncture. Primary treating physician is requesting additional 8 acupuncture sessions. Patient reported symptomatic improvement for the first 8 visits but lack of functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

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 (4) WEEKS FOR THE LOW BACK: 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. 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. 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. Per review of evidence and guidelines, acupuncture (2) times a week for (4) weeks for the low back is not medically necessary and appropriate.