

Case Number:	CM14-0021376		
Date Assigned:	05/07/2014	Date of Injury:	12/03/2007
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
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 Chiropractics 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 male who reported neck, shoulder and low back pain from injury sustained on 12/03/07 due to repetitive use. MRI of the cervical spine revealed multilevel disc desiccation with disc protrusion. MRI of the lumbar spine revealed multilevel disc desiccation and disc protrusion. Patient was diagnosed with lumbar radiculopathy; cervical radiculopathy; myalgia and chronic pain syndrome. Patient has been treated with medication, epidural injection, therapy, surgery and acupuncture. Per notes dated 11/18/13, patient complains of low back pain that radiates to bilateral lower extremity. Patient also complains of neck pain that radiates to bilateral upper extremity. Pain is rated at 7/10 with medication and 9/10 without medication. Primary treating physician requested initial course of acupuncture, which was denied due to functional improvement. Per notes dated 12/16/13, patient complains of neck pain that radiates into bilateral upper extremity. Pain is rated at 7/10 with medication and 9/10 without medication. Per notes dated 1/13/14, "Acupuncture has been denied as there is no evidence of previous benefit; patient has acupuncture from private insurance; patient has not had acupuncture for over 2 years; he did find it helpful and would like to try it before he considers surgery". Patient has not had any long-term symptomatic or functional relief with care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THERAPY 1 TIME A WEEK FOR 4 WEEKS: 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 not had prior Acupuncture treatment. As cited in the guidelines acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the medical records. Furthermore, acupuncture may be used as an adjunct to physical rehabilitation, which the patient is not currently attending. Per guidelines and review of evidence, four Acupuncture visits are not medically necessary.