

Case Number:	CM14-0021390		
Date Assigned:	05/07/2014	Date of Injury:	10/15/2013
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
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 Services 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 65 year old male who reported neck and low back pain from injury sustained on 10/15/13. There were no diagnostic imaging reports. Patient is diagnosed with lumbar radiculitis; cervical radiculitis; bilateral shoulder impingement syndrome; bilateral shoulder neuritis and neuralgia. Patient has been treated with medication, physical therapy and acupuncture. Patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. Per acupuncture progress notes dated 1/6/14, patient had improvement in "dressing; 2 pills/days less of medication intake; range of motion improvement". Per notes dated 1/8/14, patient complaints of bilateral shoulder pain, low back and neck pain. Pain is rated at 7-9/10 with activities and 5-6/10 at rest. Pain is described as burning, spastic, throbbing, shooting with numbness and tingling. Medication decreases the pain to 5-6/10. Patient's activities of daily living improved by 10-20%. Patient had both symptomatic and functional improvement with treatment. Primary care is requesting additional 18 acupuncture sessions which exceed the quantity of acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTEND ELECTRO-ACUPUNCTURE 3 X 6 FOR THE 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. Patient's symptomatic and functional improvement was documented in the medical records; however, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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, 6X3 acupuncture treatments are not medically necessary.