

Case Number:	CM14-0021567		
Date Assigned:	05/07/2014	Date of Injury:	02/04/1997
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
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 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 63 year old female who reported anxiety, depression, neck and low back pain from injury sustained on 2/4/97 due to cumulative trauma. There no diagnostic imaging reports. Patient was diagnosed with anxiety, depression, bilateral sacroiliac joint dysfunction; lumbar radiculopathy; cervical radiculopathy; lumbar spondylosis without myelopathy; spondylosis without myelopathy; cervical facet joint arthropathy and cervical degenerative disc disease. Patient was treated with medication, physical therapy, chiropractic, injection and acupuncture. Per notes dated 10/17/13, patient complains of constant neck, back, multiple joints pain rated at 7-9/10. Pain is increased with stress and is relieved with medication. Patient also reports headaches, insomnia, anxiety and diarrhea. Per notes dated 2/10/14, she complains of pain in the neck which radiates down her left arm. She also complains of back pain which radiates down her leg. Pain is rated at 7-8/10. Pain is constant, burning, throbbing, and electric with pins and needles. Primary care requested 12 acupuncture visits for anxiety which was denied due to lack of functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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 ONCE A WEEK FOR 12 WEEKS FOR ANXIETY DISORDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration 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 ODG acupuncture guidelines, initial trial of 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks cited in guidelines. Therefore the request for acupuncture once a week for 12 weeks for anxiety disorder is not medically necessary.