

Case Number:	CM14-0029481		
Date Assigned:	04/09/2014	Date of Injury:	04/17/2006
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 an employee of [REDACTED], and has submitted a claim for multilevel HNP of the cervical and lumbar spine with stenosis with an industrial injury date of 04/17/2006. Treatment to date has included acupuncture and medications including hydrocodone/apap, tramadol, Medrox patches, and omeprazole. A utilization review from 12/26/2013 denied the request for acupuncture treatment twice a week for four weeks because there was no clear evidence of significant lasting functional improvement resulting from prior treatment with acupuncture. Medical records from 2013 were reviewed showing the patient complained of persistent neck, mid and low back pain graded 6-7/10 in severity relieved upon intake of medications. Pain resulted to activity limitations. Physical examination showed tenderness of the cervical and lumbar spine. Range of motion of the cervical, thoracic and lumbar spines were decreased on all planes. Motor exam was 4+/5 for left deltoid, biceps, internal and external rotators; 5-/5 for right deltoid, biceps, internal and external rotators; 4+/5 for left tibialis anterior, extensor hallucis longus, invertor, evertor; and 4+/5 for left psoas and quadriceps. Hyperreflexia was noted at right biceps, brachioradialis, and bilateral patellar reflexes. Two beats of clonus on the left, and four beats of clonus on the right. Sensation was decreased to the right C5 and C6 dermatomes; and left L3, L4, L5, and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT 2 X PER WEEK FOR 8 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. There was no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. The request for acupuncture treatment twice a week for eight weeks is not medically necessary and appropriate.