

Case Number:	CM14-0032478		
Date Assigned:	03/19/2014	Date of Injury:	02/10/2010
Decision Date:	04/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 55 year old male who reported right arm, hand, wrist pain due to injury sustained on 2/10/10 due to repetitive motion. Per utilization review MRI of the cervical spine revealed multilevel disc protrusions. Patient was diagnosed with cervical disc displacement; brachial neuritis and cervical radiculopathy. Patient was treated with medication. Per notes dated 12/26/14 patient complaints of neck pain and arm pain with radiation and numbness. Range of motion is limited. Objective finding and treatments rendered to date were not documented. Medical records did not document any prior or concurrent physical therapy treatments. The request is for initial 6 acupuncture treatments. Per guidelines, acupuncture can be used as an adjunct to physical rehabilitation and if medication is not tolerated, which was also not documented.

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 3 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 hasn't had prior Acupuncture treatment. Medical records did not document any prior or concurrent physical therapy treatments. The request is for initial 6 acupuncture treatments. Per guidelines, acupuncture can be used as an adjunct to physical rehabilitation and if medication is not tolerated, which was also not documented. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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 guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.