

Case Number:	CM14-0034051		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2011
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 64 year old female who reported neck and low back pain from injury sustained on 01/17/11 due to cumulative trauma while performing her usual and customary duties as a sales associate. Radiographs of the cervical spine revealed C5-6 and C6-7 disc space collapse. Radiographs of the lumbar spine revealed L5-S1 disc collapse. MRI of the cervical spine revealed neural foraminal narrowing at C5-6 and severe degenerative disc disease throughout the cervical spine. MRI of the lumbar spine revealed 3mm disc space narrowing with some degeneration at L1-2 and retrolisthesis at L4-5 with 2-3mm disc bulge. The patient is diagnosed with cervical spine sprain; lumbar radiculopathy, radial styloid tenosynovitis and shoulder impingement. The patient has been treated with medication. Primary treating physician is requesting 12 sessions for initial course of acupuncture treatment which was modified to 4 by the utilization reviewer. Per notes dated 2/27/14, patient has signification difficulty with right shoulder. She has difficulty with reaching forward and reaching behind her back. Per notes dated 4/24/13, patient notes no significant improvement since the last exam. The patient continues to have left shoulder pain as well as restricted range of motion. Pain radiates to her neck. The patient stopped acupuncture treatment since it was increasing her pain and inflammation. Requested visits exceed the quantity of initial 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:

Acupuncture 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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". The patient hasn't had prior acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California 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, 12 acupuncture visits are not medically necessary.