

Case Number:	CM14-0034701		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2012
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 54 year old male who reported neck, right shoulder and low back pain from injury sustained on 10/01/12. The patient slipped and fell on soapy water, landing on his back and hitting his head on the concrete floor. MRI of the cervical spine revealed disc pathology and degenerative changes with stenosis at multiple levels. MRI of the lumbar spine revealed multilevel disc protrusions with foraminal stenosis. The patient is diagnosed with cervical radiculopathy, lumbosacral radiculopathy and intervertebral disc disorder. The patient has been treated with medication, therapy, chiropractic and epidural injection. The medical notes provided were illegible. Per noted dated 07/02/13, patient is experiencing ongoing pain in his neck and upper back. He has pain that radiates to both upper extremities with numbness and tingling. He also complains of frequent headaches, pain is aggravated when lifting the head up or moving the head side to side. Neck pain is rated at 8/10 and right shoulder pain is rated at 5/10 which is increased with above-shoulder reaching and activity. Primary treating physician is requesting initial trial of 12 acupuncture sessions. 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:

Initial acupuncture 2 x 6 for neck back and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guideline, 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 is 3-6 treatments at a frequency of 1-3 times per week. Acupuncture treatments may be extended if functional improvement is documented. This patient hasn't had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. 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. Furthermore, acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS 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.