

Case Number:	CM14-0035367		
Date Assigned:	06/23/2014	Date of Injury:	01/11/2007
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 58 year old female who reported neck and upper back pain from injury sustained on 01/11/07. She was moving a heavy patient in ICU when she experienced the pain. MRI of the cervical spine revealed minimal degenerative changes. Patient is diagnosed with cervical spine strain; brachial neuritis; right trapezius strain. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per medical notes dated 02/07/14, patient complains of dull aching pain of 5/10, occasionally 10/10. Movement aggravates her pain. Rest helps partially relieve the pain. Chiropractic, heat, ice, medication and acupuncture help relieve the pain. Provider is requesting 3 times 3 acupuncture sessions which were modified to 6 acupuncture sessions by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Per medical notes dated 05/30/14, patient complains of continues dull aching pain into the cervical spine, unchanged since previous exam that radiates to the right upper extremity. Pain is rated from 1-9/10. Rest, medication, chiropractic and acupuncture help alleviate the pain. She has not improved significantly, she has failed conservative therapy. 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. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 9 For The Cervical Spine,: 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 has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Primary treating physician is requesting acupuncture 3X3 which was modified by the utilization reviewer to 6 visits. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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 or decrease in medication intake. Per review of evidence and guidelines, 3 times 3 acupuncture treatments are not medically necessary.