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| Case Number: | CM14-0035536 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 08/16/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Chiropractics 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 34 year old female who reported low back pain, right shoulder and right wrist pain from injury sustained on 08/16/13. MRI of the lumbar spine revealed spondylosis at L1-2 through L5-S1; 4 mm posterior osteophyte disc complex at L5-S1 and 2 mm posterior disc bulge at L4-5. The patient is diagnosed with lumbar spondylosis with myelopathy; thoracic spondylosis without myelopathy; partial tear of rotator cuff and tendinosis and bursitis of right hand/wrist. The patient has been treated with medication, therapy and acupuncture. Per medical notes dated 02/26/14, patient complains of intermittent moderate low back pain, frequent severe thoracic pain and intermittent moderate right shoulder pain. Examination revealed +3 tenderness of the paraspinals throughout the spine and decreased range of motion. The patient states she is able to lift heavier items. She has increased range of motion for lumbar flexion 15 to 30 degrees and right wrist extension from 45 to 60 degrees. Per utilization appeal dated 03/21/14, after 12 acupuncture sessions patient was able to hold items and move chairs. She had decreased pain from 4.5 to 2 on visual analog scale and she had increased range of motion from 60 to 75 degrees of wrist extension. Medical reports reveal evidence of changes or improvement in findings, revealing a patient who has achieved 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:

6 sessions of acupuncture for the Thoracic Spine, Lumbar Spine, right shoulder, and right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 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 has had prior acupuncture treatment with functional benefit. Per medical notes dated 02/26/14, patient states that she is able to lift heavier items and has increased range of motion of the lumbar spine flexion 15-30 degrees and right wrist extension from 45-60 degrees. Per medical notes dated 03/20/14, patient is able to carry house hold items and move chairs sin last examination. She has decrease in pain from 4.5-2 on visual analog scale and increased range of motion of the wrist extension from 60-75 degrees. Additional visits may be rendered if the patient has documented objective functional improvement. Per California 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, 6 acupuncture treatments are medically necessary.