

Case Number:	CM14-0035603		
Date Assigned:	06/23/2014	Date of Injury:	05/24/2013
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
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 Board Certified in Chiropractic Medicine 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 23 year old male who reported midback, low back, bilateral legs, bilateral shoulder, head and left hand/wrist pain from injury sustained on 05/24/13 after falling off a roof. Patient is diagnosed with cervical disc herniation with myelopathy; thoracic disc displacement with myelopathy; acquired spondylolisthesis; lumbar disc displacement with myelopathy and tear of medial meniscus. Patient has been treated with medication, therapy and acupuncture. Per medical reports dated 02/19/14, he complains of intermittent moderate to severe pain that was described as sharp. Pain is aggravated by lifting, twisting and turning. Pain is reported as tingling that radiated into his lower back. He complains of occasional pain of the left hand and wrist. Patient complains occasional moderate headaches with dizziness and blurry vision. He also complains of low back pain that is intermittent moderate to severe. Examination revealed tenderness to palpation of the paraspinals muscles throughout the spine. Patient had a trial of acupuncture sessions where he noticed functional improvement in activities of daily living; he was able to walk for longer period of time and increase in range of motion for cervical extension from 25-40 degrees and left rotation from 60 to 70 degrees. Primary treating physician is requesting additional 6 acupuncture sessions. Medical reports reveal evidence of significant changes and 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:

Acupuncture: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS 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". In this case, the patient has had prior acupuncture treatment with functional benefit. Per medical notes dated 02/19/14, patient is able to walk for a longer period of time and increase in range of motion for cervical extension from 25 degrees to 40 and left rotation from 60 to 70 degrees. Additional visits may be rendered if the patient has documented objective functional improvement. According to the 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, additional acupuncture treatments are medically necessary.