

Case Number:	CM14-0037164		
Date Assigned:	06/25/2014	Date of Injury:	09/03/1995
Decision Date:	09/09/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 purpose of this review is to consider additional ten acupuncture sessions. The applicant is a female employee who has filed an industrial claim for cervical spine injury that occurred on 9/03/95. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of continual pain and reduction in function. On 3/11/14, the treating physician requested ten sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant has not received prior acupuncture care. Her treatment to date includes, but is not limited to, cervical spine discectomy and fusion in 1998 and again in 2001; C5 through C7, X-rays, MRI's, chiropractic care, physical therapy, trigger point injections, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 3/24/14, the UR determination did not approve the ten sessions of acupuncture but partially approved six sessions as an initial round of treatment. The advisor states the applicant seems stable with her medication protocol, although she has increasing muscle spasms and tension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 10 visits-cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating Initial acupuncture care is based on MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture to be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Further acupuncture, beyond an initial trial depends upon "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program or surgical intervention recently. As per the primary treating physician's progress report dated 3/11/14, the applicant remains stable with her current medications. Therefore, given the MTUS guidelines for acupuncture care detailed above and including the fact that the recommended initial trial is quantifiably less than ten visits, the original request of ten sessions of acupuncture is not medically necessary.