

Case Number:	CM14-0038699		
Date Assigned:	06/27/2014	Date of Injury:	10/06/2007
Decision Date:	09/24/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 applicant is a female employee who has filed an industrial claim for cervical spine injury that occurred on 10/06/07. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of migraine headaches, and pain in the neck and bilateral shoulders. The treating physician requested six additional sessions of acupuncture to treat her pain and to reduce some of her symptoms. Records indicate the applicant has made gains in migraine pain and improved function with prior acupuncture therapy. Work status is permanent and stationary with restrictions. The applicant's diagnosis consists of cervical pain, cervical radiculopathy, and disc disorder. Her treatment to date includes, but is not limited to, acupuncture, home exercise program, hot/cold packs, and oral insomnia, pain and anti-inflammatory medications. In the utilization review report, dated 3/24/14, the UR determination did not approve the six sessions of acupuncture, but did modify the request and authorized four visits. It is noted the applicant improved the frequency of the migraine headaches, from suffering constantly all day to only 2-3 times per day, the intensity of the pain, and thus improved her function. Therefore, the advisor authorized an additional four visits with the goal for the applicant becoming functionally independent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 to neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round and subsequent of acupuncture care of at least twelve visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant continues permanent and stationary status with work restrictions,. Her work status did not change due to this course of treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.