

Case Number:	CM14-0039996		
Date Assigned:	06/27/2014	Date of Injury:	07/13/2004
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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 57 year old female who reported neck and upper back pain from an injury sustained on 07/13/04. There were no diagnostic imaging reports. The patient is diagnosed with cervical disc displacement; myalgia and myositis. The patient has been treated with medication. Per medical notes dated 06/23/14, the patient continues to complain of low back and upper back pain. The patient has tenderness to palpation of the paravertebral muscles. Per medical notes dated 01/02/14, the patient has not been doing well. She noted a recent exacerbation of her back pain due to cold weather. She has been taking medication with relief. The primary physician is requesting 3x12 acupuncture visits. It is unclear if the patient has had prior acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three (3) times a week for twelve (12) weeks Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Guidelines, "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." It is unclear if the patient has had prior acupuncture treatment. Per the MTUS Guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. The number of currently requested visits exceeds the quantity of initial acupuncture visits supported by the cited guidelines. If she's had prior acupuncture treatment, there is a lack of documented objective functional improvement with prior care. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, the request is not medically necessary and appropriate.