

Case Number:	CM14-0040357		
Date Assigned:	06/27/2014	Date of Injury:	09/28/2010
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 36-year-old patient who reported neck and bilateral wrist pain from injury sustained on September 28, 2010 due to cumulative trauma of repetitive typing. MRI of the cervical spine revealed spondylosis and disc protrusion at C3-4 and posterior annular tear at C5-6. Patient is diagnosed with neck strain, bilateral wrist strain and right ulnar neuropathy. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated November 14, 2013, patient complains of right arm pain. Medication notes also mention "doing acupuncture, it helps, continue acupuncture. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The request is for retrospective treatment. There is no documentation of exacerbation or flare-up prior to the acupuncture treatments. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective acupuncture sessions for the cervical spine, provided on January 7, 14, 15, 21, and February 6 and 11, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment 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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. According to the medical notes dated November 14, 2013, "doing acupuncture, it helps". There is lack of evidence that prior acupuncture care was of any functional benefit. The request is for retrospective treatment administered in 2014. There are no records of exacerbation or flare-up prior to the administered treatment that would necessitate acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant treatment. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment 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. The retrospective request for acupuncture sessions for the cervical spine, provided on January 7, 14, 15, 21, and February 6 and 11, 2014, is not medically necessary or appropriate.