

Case Number:	CM14-0042201		
Date Assigned:	06/30/2014	Date of Injury:	02/21/2012
Decision Date:	08/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in interventional spine 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 patient is a 64 years old female with an injury date on 02/21/2012. The listed diagnoses per [REDACTED] dated 12/30/2013 are: Sprain of neck, sprain of thoracic region, sprain of lumbosacral region, HNP (herniated nucleus pulposus), lumbar and spinal stenosis in cervical region. According to this report, the patient complains of midback pain with radiated pain to the trapezius muscle and nausea associated with the pain. The patient's current medications are Hydrocodone, Morphine, Ibuprofen, Tramadol and Ondansetron. Cervical range of motion limited, compression sign was positive bilaterally. Spasm was palpable in the superior and middle trapezius muscle and tenderness to palpation in the paravertebral muscle from C7-T12 level. There were no other significant findings noted on this report. The utilization review denied the request on 04/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/27/2013 to 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 (for anxiety): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Acupuncture Medical Treatment Guidelines, as well as the Chronic Pain Medical Treatment Guidelines, pg. 8.

Decision rationale: According to the 12/30/2013 report by [REDACTED] this patient presents with nausea associated with midback pain that radiated pain to the trapezius muscle. The treater is requesting 12 sessions of acupuncture for anxiety. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, medical records from 06/27/2013 to 04/14/2014 do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted but the request for 12 sessions exceeds what is recommended by MTUS guidelines. The request is not medically necessary.