

Case Number:	CM14-0047582		
Date Assigned:	07/02/2014	Date of Injury:	12/28/2013
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 41 year old female who reported neck pain from injury sustained on 12/28/14. The patient was doing her usual and customary duties; while trying to close a couch bed she slipped backwards and hit the back of her head. A CT scan of the head and neck was negative. The patient is diagnosed with cervical sprain/strain. The patient has been treated with medication and therapy. Per the medical notes dated 01/14/14, patient complains of constant pain and stiffness to her cervical spine radiating into her shoulders and arms. She also reports frequent headaches and occasional dizziness. The patient also reports pain in her upper back and numbness in the legs. Per the medical notes dated 03/19/14, patient complains of neck pain radiating to the shoulder and upper back with numbness and tingling. The examination revealed decreased range of motion in the cervical and thoracic spine with tenderness to palpation. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks to the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 is in 3-6 treatments. The frequency is 1-3 times per week but for optimum duration, 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient hasn't had prior acupuncture treatment. Per the guidelines 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. The MTUS-Definition 9792.20 (f) 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. Per the guidelines and review of evidence, 12 acupuncture visits are not medically necessary.