

Case Number:	CM14-0052489		
Date Assigned:	07/07/2014	Date of Injury:	06/01/2001
Decision Date:	08/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 43-year old female who reported neck, mid back and ribcage pain from injury sustained on 06/01/01. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with T3-9 herniated disc; left ulnar mononeuropathy at elbow and costochondral syndrome. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 03/24/14, patient reports substantial reduction in the neck, thoracic and rib cage pain with 4 sessions of physical therapy. There was also a dramatic reduction of pain with acupuncture. Pain is 5/10. Patient complains of left anterior and posterior chest pain with deep breathes. She also has left arm pain with numbness and tingling of the 5th digit. Examination revealed decreased range of motion and tenderness along the T3-9 thoracic paraspinal muscles and spinous process. Primary physician requested additional 8 acupuncture sessions which were denied by the utilization reviewer due to lack of functional improvement. Per medical notes dated 06/10/14, patient complains of thoracic and chest wall pain. Patient continues to note numbness in her 5th digit with shoulder pain. Pain is rated at 6/10. Previous acupuncture has improved her range of motion; improved her functional abilities allowing her to resume full time work at home; allowing her to perform activities of daily living at home including cleaning. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week x 8 weeks, thoracic spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. 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. Patient has had prior acupuncture treatment. Per medical notes dated 06/10/14, previous acupuncture has improved her range of motion; improved her functional abilities allowing her to resume full time work at home; allowing her to perform activities of daily living at home including cleaning. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. Per MTUS 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. Per review of evidence and guidelines, 8 acupuncture treatments are medically necessary.