

Case Number:	CM14-0052745		
Date Assigned:	07/07/2014	Date of Injury:	09/04/2009
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
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 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 66 year old male who reported neck and low back pain from injury sustained on 09/04/09. Mechanism of injury is unknown. MRI (2014) of the lumbar spine revealed mild stenosis at L3-4; mild spinal stenosis at L4-5 and mild stenosis right and mild-moderate left foraminal stenosis. Patient is diagnosed with cervical intervertebral disc displacement without myelopathy and lumbar degenerative intervertebral disc. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per acupuncture progress notes dated 12/15/13, patient stated that most severe pain had substantially decrease; patient still complains of mild neck pain. Per medical notes dated 01/10/14, patient complains of neck and low back pain rated at 7/10. He had relief from acupuncture and chiropractic in the past. He continues to have neck and back pain. The right side of the back locks up on him. Per medical notes dated 01/27/14, patient states he has pain radiating to the front and inside of the right thigh. He has numbness in front of the right thigh. Pain is rated at 10/10 in a typical day. Per medical notes dated 03/26/14, patient complains of neck and back pain rated at 7/10. His neck feels tight. Examination revealed decreased range of motion of the cervical and lumbar spine with tenderness to palpation in the right sciatic notch. Per notes, "patient has a flare-up of his neck and back, recommend acupuncture". Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Patient has not had lasting relief with acupuncture. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Six Sessions Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 acupuncture progress notes dated 12/15/13, patient stated that most severe pain had substantially decrease; patient still complains of mild neck pain. Per medical notes dated 03/26/14, patient complains of neck and back pain rated at 7/10; "patient has a flare-up of his neck and back, recommend acupuncture". Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 2x3 acupuncture treatments are not medically necessary.

Acupuncture Six Sessions Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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 acupuncture progress notes dated 12/15/13, patient stated that most severe pain had substantially decrease; patient still complains of mild neck pain. Per medical notes dated 03/26/14, patient complains of neck and back pain rated at 7/10; "patient has a flare-up of his neck and back,

recommend acupuncture". Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 2x3 acupuncture treatments are not medically necessary.