

Case Number:	CM14-0052758		
Date Assigned:	07/07/2014	Date of Injury:	11/26/2012
Decision Date:	08/08/2014	UR Denial Date:	03/24/2014
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 54-year-old male who reported neck, mid back and low back pain from injury sustained on 11/26/12 after being hit by two pipes that fell. The patient is diagnosed with head pain cervical spine sprain/strain; thoracic spine sprain/strain, lumbar spine sprain/strain with radiculitis and disc protrusion, bilateral wrist sprain/strain, and right hip sprain/strain. The patient has been treated with medication, therapy and acupuncture. Per medical notes dated 02/05/14, the patient complains of neck, mid back, low back pain. The patient also has bilateral wrist pain and numbness. The pain in the neck and right hip pain has decreased from 5-6/10 to 5/10. Mid back pain has remained the same. Low back pain increased from 5/10 to 7/10. Right wrist pain increased from 4/10 to 4-5/10. Left wrist pain has decreased from 4-5/10 to 4/10. The patient states that acupuncture has helped decrease his tenderness. Per medical notes dated 05/21/14, the patient complains of headaches as well as pain in the mid back and upper back as well as right hip and thigh. Headache is rated at 7/10 which has increased from 4-5/10. Neck and upper back pain has increased from 4-5/10 to 5/10. Low back pain increased from 5-6/10 to 6/10. Wrist and hand pain remained the same since last visit. Examination revealed tenderness to palpation. The patient states that acupuncture helps decrease his pain and tenderness. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for lumbar spine, cervical spine, thoracic spine, bilateral wrists and right hip , two (2) times a week for six (6) weeks: 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 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 is three to six treatments, at the frequency of one to three times per week, and at optimum duration between one to two months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient has had prior acupuncture treatment. Per medical notes, patient states decrease in pain and tenderness with treatment. The primary physician is requesting additional twelve acupuncture sessions which were modified to six by the utilization reviewer. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The 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, the request for acupuncture for lumbar spine, cervical spine, thoracic spine, bilateral wrists and right hip , two (2) times a week for six (6) weeks is not medically necessary.