

Case Number:	CM14-0053731		
Date Assigned:	07/07/2014	Date of Injury:	01/23/2008
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 60 year old female who reported neck pain from an injury sustained on 01/23/08 due to repetitive trauma of prolonged computer work. Patient is diagnosed with cervical radiculopathy and myofascial pain syndrome. Electrodiagnostic studies (2013) veiled chronic left C7 degeneration. A MRI (2013) revealed post-operative changes from anterior C4-7; facet arthrosis; uncovertebral hypertrophy causing neural foraminal stenosis. The patient has been treated with cervical fusion/decompression surgery (2010); revision fusion surgery (2012); trigger point injection; nerve blocks; facet injection and physical therapy. Per medical records dated 02/12/14, the patient complains of significant amounts of pain in the neck radiating to the upper extremity. She has difficulty working. Per medical notes dated 03/11/14, the patient complains of neck and arm pain. The patient complains of moderate pain in the neck and arm area. She has difficulty being in the car. The pain is rated at 9/10. An examination revealed palpable trigger points are noted in the muscles of the head and neck. The primary physician is requesting 18 acupuncture sessions for neck pain. It is uncertain if the request is for initial or continued acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 acupuncture therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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. It is uncertain if the patient has had prior acupuncture treatment or not. The primary physician is requesting 18 acupuncture treatments. There is lack of evidence that prior acupuncture care (if any administered) was of any functional benefit. 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. Furthermore, 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. 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 the evidence and the guidelines, 18 acupuncture therapy sessions for the cervical spine are not medically necessary.