

Case Number:	CM14-0054681		
Date Assigned:	07/09/2014	Date of Injury:	09/14/1998
Decision Date:	08/11/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 is a 52 year old female who reports neck and back pain resulting from an injury sustained on 09/14/1998. The mechanism of injury is unknown. The patient is diagnosed with cervical disc degeneration, myospasms, lumbosacral neuritis and cervical radiculitis. Per the notes dated 08/13/13, the patient complains of pain in the neck radiating to the hands and mid-low back with noted sciatica. The exam revealed tenderness over cervical spine and lumbar spine at the facet areas. Limitation of motion was also noted. The patient has been treated with medication; Epidural Steroid Injection about ten years ago, but she cannot recall whether this provided any relief. Additionally, she has undergone chiropractic, heat treatment, ice treatment, massage therapy, physical therapy and TENS (Transcutaneous Electrical Nerve Stimulation). Per the notes dated 06/10/14, the patient states that the pain is moving to the thoracic spine with increased muscle spasms. She also reports that there is an increase of pain in the neck from 5/10 to 6/10; pain has also increased in her mid-back from 6/10 to 7/10. There remains pain in her lumbar spine at 7/10. The patient states that while she does experience some relief from the Butrans patch, the effectiveness tends to wear off by day 6 and 7. The primary treating physician is requesting 18 visits. The patient has had prior acupuncture treatment and while patient has reported some relief from acupuncture. There is lack of evidence that prior acupuncture care was of any functional benefit. Furthermore, the requested visits exceed the quantity of 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 18 visits, lower back area, Lumbar and/or Sacral vertebrae, Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, Section 9792.24.1, Acupuncture Medical treatment Guidelines pages 8-9, Acupuncture is used as an option when pain medication is reduced and not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement is: 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. This patient has had prior acupuncture treatment. 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. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Furthermore, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per the MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living, a reduction in work restrictions as measured during the history and physical exam, or decrease in medication intake. Per review of the evidence and guidelines, acupuncture for 18 visits, lower back area, Lumbar and/or Sacral vertebrae, and Neck is not medically necessary.