

Case Number:	CM14-0063284		
Date Assigned:	07/11/2014	Date of Injury:	10/04/1988
Decision Date:	08/21/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in 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 70 year old male who reported neck pain from injury sustained on 10/04/88. Mechanism of injury is unknown. MRI (2010) of cervical spine revealed anterior vertebral body fusion at C4-6 and 2-3mm osteophyte complex at C6-7. Patient is diagnosed with cervical spondylosis without myelopathy. Patient has been treated with medication, physical therapy, transcutaneous electrical nerve stimulation (TENS), injection and 24 acupuncture sessions. Per UR appeal medical notes dated 05/21/14, patient complains of pain in the neck and shoulders. The patient has been experiencing the pain for more than 10 years. He reports onset of pain while lifting weights. Pain is constant, throbbing and rated at 7/10. Patient reports difficulty sleeping due to pain. He reports significant improvement in his response to acupuncture. He notes 90% improvement in sitting, standing and walking with opioid medication. Examination revealed tenderness to palpation of the cervical paravertebral muscles with minimal range of motion of the cervical spine. Acupuncture has lessened the severity of his neck pain, decreased dizziness, decreased radiation of pain into his mouth and makes him feel clear-headed. Patient has improvement with treatment; however, he has flare-ups. Provider is requesting additional 12 acupuncture treatments over 6 month period which exceeds the duration and quantity supported by guidelines. Patient continues to have pain and flare-ups. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits over 6 months to the cervical spine: Upheld

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 pages 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 already had 24 acupuncture visits. Per UR appeal dated 05/21/14, acupuncture has lessened the severity of his neck pain, decreased dizziness, decreased radiation of pain into his mouth and makes him feel clear headed. Patient feels better with treatment; however, he has flare-ups. Provider is requesting addition 12 acupuncture visits over 6 month period which appears to be maintenance care. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. MTUS guidelines do not support maintenance care for an industrial injury. Per guidelines, time to produce functional improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Requested visits exceed the quantity and duration of acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, 12 visits over 6 months acupuncture treatments are not medically necessary.