

Case Number:	CM14-0066613		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2003
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Acupuncture and Chiropractic 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 58 year old female who reported neck, upper back, low back, bilateral shoulder, bilateral elbow, bilateral hip and bilateral ankle/foot pain from injury sustained on 01/21/03 due to a slip and fall. There were no diagnostic imaging reports. Patient is diagnosed with sprain of ankle, cervicalgia, pain in joint, pain in thoracic spine, depressive psychosis, psychogenic pain, insomnia, lumbago, joint-pain-shoulder/upper arm, sprain of hip/thigh. Patient has been treated with medication, surgery, therapy and acupuncture. Per medical notes dated 01/31/14, patient complains of low back pain rated at 6/10. Per medical notes dated 05/29/14, patient complains of neck, upper back, low back, bilateral shoulder, bilateral elbow, bilateral hip and bilateral ankle/foot pain. Provider is requesting additional 2x12 acupuncture treatments for neck and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to cervical and lumbar spine 2 x a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (neck and upper back) Topic (Acupuncture).

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. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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. Furthermore, official disability guidelines do not support acupuncture for neck pain. Per review of evidence and guidelines, 2x12 acupuncture treatments are not medically necessary.