

Case Number:	CM14-0066903		
Date Assigned:	07/11/2014	Date of Injury:	06/10/2013
Decision Date:	08/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 60 year old female who reported neck, back and head pain from an injury sustained on 06/10/13. Patient lost balance and fell backwards, striking her head and back on the cement floor. MRI of the lumbar spine revealed minimal degenerative changes; minimal osteoarthritis; disc degeneration at L5-S1 and diffuse disc bulge at L3-4/L4-5. Patient is diagnosed with degeneration of lumbar/lumbosacral intervertebral disc; lumbosacral sprain/strain and neck sprain/strain. Patient has been treated with medication, therapy, acupuncture and chiropractic. Per medical notes dated 04/03/14, patient complains of constant neck pain rated at 3-6/10 and low back pain rated at 8/10. Medical notes state patient had 4-5 acupuncture sessions with some relief. Per medical notes dated 06/18/14, patient states she has left arm numbness. Patient feels shaky, anxious and feels off balance. Head pain is greater than neck pain. Low back pain is better after acupuncture and chiropractic but after working 4-5 hours her back pain increases. Examination revealed decreased range of motion. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture to cervical spine Qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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 had prior acupuncture treatment. Per medical notes dated 04/03/14, patient had 4-5 acupuncture sessions with some relief. 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. 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, additional 6 acupuncture treatments are not medically necessary.