

Case Number:	CM14-0070303		
Date Assigned:	07/16/2014	Date of Injury:	06/12/2013
Decision Date:	08/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 59 year old male who reported neck, low back, shoulder, left leg and left foot pain from injury sustained on 06/12/13 due to cumulative trauma at work. Radiographs of the cervical and thoracic spine revealed calcification of anterior longitudinal ligament at multiple levels. MRI of the cervical spine revealed mild flattening of anterior margin of the spinal cord at C5-C6 and C6-C7 with foraminal narrowing at C6-C7. MRI of the Lumbar spine revealed severe spinal stenosis secondary to degenerative changes of facet joints and diffuse disc bulge at L4-5. Patient is diagnosed with Spinal enthesopathy, lumbosacral neuritis/radiculitis, rotator cuff syndrome of shoulder and tibial tendinitis. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 04/04/14, patient complains if pain in his low back, neck, bilateral shoulder, right inguinal region, left leg and left foot. He reported improvement with acupuncture; it improved his ADLs and body pain. There is improvement in range of motion of the neck, low back, shoulder and left ankle. The patient reports that acupuncture has helped ease his pain. Per medical notes dated 02/12/14, he states that he was provided acupuncture, therapy and chiropractic; he denies any benefit from the treatment provided and states his condition did not improve. Per medical notes dated 06/04/14, patient states that his symptoms have not changes since he stopped working; he explicitly denies any improvement despite the treatment provided. Patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 to treat the cervical spine, lumbar spine, bilateral shoulders, and left leg/foot x 4: 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 page(s) 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. Provider is requesting additional 4 acupuncture treatments. Per medical notes dated 04/04/14, acupuncture improved his activities of daily living and body pain. Per medical notes dated 02/12/14, he states that he was provided acupuncture, therapy and chiropractic; he denies any benefit from the treatment provided and states his condition did not improve. Per medical notes dated 06/04/14, he explicitly denies any improvement despite the treatment provided. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 4 acupuncture treatments are not medically necessary.