

Case Number:	CM14-0073842		
Date Assigned:	07/16/2014	Date of Injury:	11/01/2006
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 11/01/2006. The listed diagnoses per [REDACTED] are: 1. Cervical post-laminectomy syndrome status post C3 to C6 ACDF on 06/14/2011.2. Status post L4-L5 and L5-S1 laminectomy in 2008.3. Bilateral upper extremity radiculopathy.4. Positive discogram in 2012.5. Urologic inconsistency, erectile dysfunction.6. Reactionary depression/anxiety.7. Medication-induced gastritis. According to progress report 04/19/2014, the patient presents with increased neck pain with associated cervicogenic headaches as well as pain radiating down to bilateral upper extremities. Examination of the cervical spine revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and suboccipital region. There are multiple trigger points and taut bands palpated throughout. Range of motion is decreased on all levels. Sensory examination with Wartenberg pinprick wheel is decreased along the right posterolateral arm and forearm with some weakness to the left triceps. The medical provider is requesting a course of 12 acupuncture treatments on a trial basis to increase patient's activity of daily living and provide functional improvement and restoration. For acupuncture, The medical provider is Utilization review denied the request on 4/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 to cervical spine and bilateral UE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with increased neck pain with associated cervicogenic headaches as well as pain radiating down to bilateral upper extremities. The medical provider is requesting a course of 12 acupuncture treatments on a trial basis to increase patient's activity of daily living and provide functional improvement and restoration. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, the patient has not had prior acupuncture treatment and a trial session of 3 to 6 may be indicated given patient's continued pain. The medical provider's request for initial 12 sessions exceeds what is recommended by MTUS. Therefore, the request for acupuncture is not medically necessary.