

Case Number:	CM14-0075505		
Date Assigned:	07/16/2014	Date of Injury:	01/19/2014
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 52 year old female who reported head, neck and chest pain from injury sustained on 01/19/14. She was pushing a combative patient in a wheel chair when he grabbed her in a choke hold and punched her face a few times. X-rays of the cervical spine revealed loss of cervical lordosis, anterior spurring at C4, C6 and C7; disc space narrowing at C4-7 and significant foraminal stenosis more on the left than the right. MRI of the cervical spine revealed moderate degenerative disc disease at C4-7 resulting in mild central spinal stenosis at C5-6 and C6-7 and multilevel bilateral neural foraminal stenosis at C3-7. CT scan of the cervical spine revealed arthritic changes at multilevel foraminal narrowing and disc space degeneration. Patient is diagnosed with cervical spine sprain/strain, super imposed over degenerative changes. Patient has been treated with medication and physical therapy. Per medical notes dated 04/28/14, patient complains of constant, aching sometimes shooting pain in the neck. Pain increases when she walks for one hour and looks to the left. Pain radiates to the left shoulder and pain is rated at 4/10. Per medical notes dated 05/12/14, patient complains of left sided neck pain with associated headaches. Pain is rated at 4/10. Primary physician is requesting initial trial of 8 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 not had prior Acupuncture treatment. Primary physician is requesting initial trial of 8 acupuncture treatments which was modified to 4 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.