

Case Number:	CM14-0080023		
Date Assigned:	07/18/2014	Date of Injury:	02/27/2014
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in 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 male who reported neck and low back pain from injury sustained on 02/27/14 while lifting a patient at work. X-rays of the lumbar spine revealed degenerative narrowing disc space and osteophyte formation from L4-S1. MRI of the cervical spine revealed multilevel degenerative changes with osteophyte formation. X-rays of the thoracic spine are unremarkable. MRI of the lumbar spine revealed multilevel disc desiccation with mild associated loss of disc height. MRI of the cervical spine revealed multilevel disc desiccation and disc herniation. Patient is diagnosed with sprain of lumbar region; sprain of neck; myalgia and myositis; brachial neuritis; cervical spine degenerative disc disease and lumbar spine degenerative disc disease. Patient has been treated with medication, therapy, and acupuncture. Per acupuncture progress notes dated 05/30/14, patient complains of neck pain same as before; low back pain a little better. After acupuncture treatment pain improved but after 2-3 days pain comes back. Per medical notes dated 07/01/14, patient complains of frequent severe neck pain rated at 8/10 and constant moderate low back pain rated at 7/10. Per medical notes dated 07/29/14, patient complains of constant mild neck aches, sore, tight pain rated at 5/10. Patient complains of severe low back pain which is sharp, achy, sore and tight rated at 8-9/10. Patient has been feeling increase in tension, nervousness headaches, fatigue, irritability and anxiety since his injury. Provider is requesting additional 8 acupuncture treatments. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 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 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 acupuncture progress notes dated 05/30/14, "after acupuncture treatment low back improved however after 2-3 days the pain comes back". 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 8 acupuncture treatments are not medically necessary.