

Case Number:	CM14-0085644		
Date Assigned:	09/08/2014	Date of Injury:	05/21/2013
Decision Date:	12/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Chiropractor, 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 38 year old female who reported neck and low back pain from injury sustained on 05/21/13. Mechanism of injury was not documented in the provided medical records. Magnetic resonance imaging (MRI) of the lumbar spine dated 07/26/13 revealed severely desiccation L5-S1 disc space with foraminal radial annular tear and focal disc protrusion; mild posterior facet joint hypertrophy at L4-5 and L5-S1. MRI of the cervical spine dated 07/26/13 revealed mild generalized disc desiccation of cervical spine; 3-4mm posterior disc protrusion at C5-6; Arnold chiari type 1 with 8-9mm inferior descent of cerebellar tonsils through foramen magnum; residual hypertrophy of the lymphoid tissue of the adenoids and lingual tonsils. Patient is diagnosed with cervical and lumbar radiculitis, lumbar facet hypertrophy, left shoulder pain and chronic pain. Patient has been treated with medication, physical therapy and acupuncture. The only medical notes which were provided for review were dated 04/23/14. Per medical notes dated 04/23/14, patient complains of neck pain with radiation down left upper extremity; low back pain with radiation down left lower extremity; upper extremity pain in the left shoulder. Pain is rated at 4-5/10 with medication and 7-8/10 without medication. Patient's pain is reported as worsened since her last visit. Examination revealed spasm and tenderness to palpation of the cervical spine, lumbar spine and upper extremity with moderately limited range of motion due to pain. Per medical notes dated 04/23/14, patient reports that the use of acupuncture was very helpful, reduced pain, medication, headaches, and increased activity and mobility. Provider requested additional 4 acupuncture treats for neck and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X4 sessions to cervical / lunbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (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 medical notes dated 04/23/14, patient reports that the use of acupuncture was very helpful, reduced pain, medication, headaches, and increased activity and mobility. Provider requested additional 4 acupuncture treats for neck and low back pain. Medical notes failed to document the current dosage of the reduced medication compared prior to administering acupuncture. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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 4 acupuncture treatments for cervical and lumbar spine are not medically necessary.