

Case Number:	CM14-0088672		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2012
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 54 year old male who reported neck and low back pain from injury sustained on 01/27/12 due to motor vehicle accident. MRI (2012) of the lumbar spine revealed multilevel degenerative disc disease. MRI (2013) of the lumbar spine revealed bilateral facet arthropathy at L4-S1 with mild central canal stenosis; disc desiccation with 2mm disc protrusion at L4-S1 and moderate narrowing of the inferior margins at L5-S1. MRI of the cervical spine revealed degenerative disc disease with disc desiccation at C4-7 with 1-2mm disc protrusion. EMG (Electromyography) (2013) revealed moderate carpal tunnel syndrome. MRI of the thoracic spine revealed mild disc desiccation T11-L2 with central disc protrusion. Patient is diagnosed with cervicgia, cervical and SI (Sacroiliac) sprain/strain, thoracic and lumbar neuritis, left shoulder impingement with sub acromial bursitis and left wrist sprain/strain. Per medical notes dated 04/03/14, patient complains of neck, low back and lower extremity pain; he is not feeling any better and pain is rated at 8/10. Per medical notes dated 05/29/14, patient complains of constant low back pain rated at 8/10; no change; decreased range of motion with tenderness to palpation. Per medical notes dated 06/26/14, patient states no major changes, he continues to have pain in his back, left shoulder, and pain is rated at 7/10 with decreased range of motion. Provider 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:

Cervical / SI (Sacroiliac) initial eight (8) acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Acupuncture.

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. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Provider is requesting initial trial of 8 acupuncture treatments which was modified to 4 treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. Furthermore ODG guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, cervical / SI (Sacroiliac) initial eight (8) acupuncture sessions are not medically necessary and appropriate.