

Case Number:	CM14-0088802		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2008
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
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 Board Certified 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 39 year old male who reported neck, mid back and low back pain from injury sustained on 09/18/08. He was pushing a cart on wheels when he felt pain in the lumbar region. An MRI of the lumbar spine revealed L4-5 disc desiccation with 1mm disc bulge with mild facet arthropathy; and L5-S1 mild facet arthropathy. The MRI of the cervical spine revealed C5-6 disc bulge with mild/moderate central canal narrowing; and C6-7 disc bulge with annular fissure with mild central canal narrowing bilaterally. The patient is diagnosed with cervical sprain, thoracic sprain, lumbar sprain and myofascial pain syndrome. He has been treated with medication, therapy and acupuncture. Per medical notes dated 05/27/14, the patient complains of neck pain rated at 6/10 with radiating to bilateral upper extremity, right greater than left with numbness and tingling. He also complains of low back pain rated at 6-7/10 with radiation down bilateral lower extremity, right greater than left. The provider is requesting additional 6 acupuncture treatments. Per medical notes dated 06/24/14, patient complains of low back pain rated 4/10 and reports 70-80% improvement with acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 which was not documented in the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 for the cervical, thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical treatment Guidelines, acupuncture is used as an option when pain medication is reduced and not tolerated. In addition, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement is within 3-6 treatments. The frequency is 1-3 times per week with optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Per medical notes dated 06/24/14, patient complains of low back pain rated 4/10 and reports 70-80% improvement with acupuncture treatment. 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, 6 acupuncture treatments are not medically necessary.