

Case Number:	CM14-0091386		
Date Assigned:	07/25/2014	Date of Injury:	05/29/2003
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 62 year old male who reported neck, bilateral upper extremity, chest, low back and mid back pain from injury sustained on 05/29/03. Mechanism of injury is unknown. MRI (2012) of the thoracic spine revealed central disk protrusion at T4-T5. MRI (2013) of the lumbar spine revealed laminectomy on the right L4-L5. Patient is diagnosed with Thoracic spine pain and Lumbar spine pain. Patient has been treated with laminectomy L4-L5 (2011); Lumbar fusion of L5-L6 (02/05/14); medication and thoracic medial branch neurotomy. Per medical notes dated 04/17/14, patient complains of persistent thoracic and lumbar spine pain. He has radiating symptoms down his left lower extremity has improved by 50%. It is no longer a constant pain, it is more intermittent. His back pain is about 7/10, improved from 9/10 and reduces to 5/10 with medication. Per medical notes dated 06/19/14, patient complains of ongoing thoracic and lumbar back pain. He continues to do well on a current medication regimen. He has been stable on medication which decreases his pain from 8/10 to 4/10 and allows him to carry out activities of daily living. Medication is not causing any adverse side effect. He also has ongoing tenderness of the thoracic and lumbar spine paraspinal muscles. Medical notes document ongoing lumbar spine and thoracic spine pain; however, cervical spine pain or functional deficits are not mentioned and functional goals for treatment are not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Trial of Acupuncture visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Acupuncture Medical treatment Guidelines pages 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, frequency: 1-3 times per week, optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has not had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated, which is not documented in the medical notes provided for review. It can be used as an adjunct to physical rehabilitation and medical records are not indicative of any concurrent physical rehabilitation for the cervical spine. Medical notes document ongoing lumbar spine and thoracic spine pain; however, cervical spine pain or functional deficits are not mentioned and functional goals for treatment are not mentioned. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.