

Case Number:	CM14-0092721		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2012
Decision Date:	09/23/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 Internal Medicine 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 patient is an injured worker with cervical and lumbar spine conditions. The date of injury was 10/31/2012. The progress report dated 4/22/14 documented subjective complaints of neck pain and lumbosacral pain with numbness of the right hand and right foot. Physical examination documented positive right Spurling's test, positive right straight leg raise test, decreased sensation in right foot and right hand, normal strength and weakness of bilateral upper extremities and bilateral lower extremities. Treatment plan included medications. Work status was full duty. An initial trial of 6 acupuncture visits was authorized on 4/28/14. The progress report dated 6/3/14 documented subjective complaints of continued neck pain and lumbosacral pain with numbness of right and right foot. Injured worker was working full duty. Physical examination findings included positive right Spurling's test, positive right straight leg raise test, decreased sensation on right foot and right hand, normal strength and weakness of bilateral upper extremities and bilateral lower extremities. Treatment plan included medications Terocin, Methoderm, Neurontin, Flexeril, Omeprazole, Naprosyn, and Urine screen. Work status was full time work schedule with normal work hours. No work restrictions or modifications. Utilization review determination date was 06-16-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE X 8 VISITS FOR THE CERVICAL AND LUMBAR SPINE PER 6/3/14 REPORT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-175, 300, Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. ACOEM Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. Per Section 9792.20, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records indicated that an initial trial of 6 acupuncture visits was authorized on 4/28/14. Progress reports dated 4/22/14 and 6/3/14 documented no functional improvement. No changes in activities of daily living were reported. Work status was unchanged. No reduction in medical treatment was documented. Per MTUS Acupuncture Medical Treatment Guidelines, functional improvement must be documented to support the extension of acupuncture treatments. Because functional improvement was not documented, the extension of acupuncture treatments is not supported. Therefore, the request for additional acupuncture x 8 visits for the cervical and lumbar spine per 6/3/14 report is not medically necessary.