

Case Number:	CM13-0037698		
Date Assigned:	12/18/2013	Date of Injury:	08/10/2010
Decision Date:	03/04/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 50 year old female with a reported industrial injury on August 10, 2010, after lifting and moving tables by herself. The injured worker was seen on September 11, 2013, for follow-up visit with primary treating physician. The presenting complaints included neck, thoracic and low back pain as well as bilateral shoulder discomfort. The physical exam revealed tenderness and spasms to the cervical paraspinal muscles more on the right than the left with noted improvement from previous visit. The medications included Norco, Neurontin, and Colace. The medical treatment is six sessions of acupuncture to the cervical spine and found it to be beneficial by decreasing spasms, improved sleep and took away her headaches. Diagnoses are neck pain, thoracic spine pain, low back pain, right upper extremity paresthesia and bilateral shoulder pain. The treatment plan is refill medications, continuation of acupuncture and home exercising. Per medical notes dated November 07, 2013, patient complains of ongoing neck, thoracic, and low back pain. She states the shoulders are much improved, but it is the neck and back that is most bothersome. She is also complaining of intermittent numbness in different areas of her lower extremity that lasts for a day or so. On September 19, 2013, the provider requested acupuncture times 12 sessions for cervical spine, on September 19, 2013, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE TREATMENTS 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture treatments for cervical spine which were non-certified by the utilization review. Patient had six sessions of acupuncture to the cervical spine and found it to be beneficial by decreasing spasms, improved sleep and took away her headaches. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.