

Case Number:	CM14-0016490		
Date Assigned:	04/11/2014	Date of Injury:	05/31/2013
Decision Date:	11/25/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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 34 year old female who sustained an industrial injury on 05-31-2013. Medical records indicated the worker was treated for pain in the cervical, thoracic and lumbar spine. In the provider notes of 11-14-2013 the injured worker complains of pain in her head. She notes constant nagging headaches located at the forehead and traveling into the occipital region and back of neck. The headaches are associated with episodes of light-headedness, dizziness and occasional nausea. She complains of frequent pain in the neck that she rates as an 8 on a numeric scale of 0-10. The pain is sharp, throbbing and stabbing in nature and is exacerbated by repetitive movements of the head and neck and by use of the arms. The pain is mostly present along the back of the neck and posterior scalp. She notes difficulty and increased pain with rotation of the head to either side and the pain travels down in to both arms with complaints of associated "pins and needles" sensation. She complains of occasional upper back pain, rating her pain as an 8 on a scale of 0-10. She complains of a sharp pain between the shoulder blades with prolonged sitting or standing. She has occasional lower back pain that she rates as a 6 on a scale of 0-10. The pain is deep and aggravated by movements into certain positions. It is increased with sitting and driving, made worse with lying down, and improved with standing. She also complains of symptoms in the lower extremities including numbness and weakness down the bilateral calves. Her medications include Flexeril, Norco, Terocin patches and Omeprazole. On 12-12, 2013, at the #8, acupuncture treatment the worker complained of constant pain in the neck and lower back that she rated as a 6 on a numeric rating scale of 1-10. There was palpable paraspinal tenderness of the cervical spine, and paraspinal tenderness of the lumbar spine. The worker indicated her pain decreased after treatment but returned a few days later with movement. She had increased pain with cold weather. The worker was instructed to use a heating pad three times a day for 3 weeks

along with application of a muscle relaxing cream. The pain rating was the same on 10-29-2013 at her fourth acupuncture treatment. A request for authorization was submitted for up to 24 additional Acupuncture visits 1-3 per week for 1-2 months Lumbar-Cervical-Thoracic Spine. A utilization review decision 01-08-2014 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Up to 24 additional Acupuncture visits 1-3 per week for 1-2 months Lumbar / Cervical / Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.