

Case Number:	CM14-0132042		
Date Assigned:	08/22/2014	Date of Injury:	03/09/2013
Decision Date:	02/09/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Board Certified in Chiropractor (DC), has a subspecialty 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 64 year old male who reported neck, low back and right shoulder pain from injury sustained due to cumulative trauma. Patient is diagnosed with cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left SI joint arthropathy. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 06/10/14, patient complains of neck pain and back pain radiating bilaterally into the legs as well as right shoulder. Examination revealed tenderness and spasms in the cervical region and right shoulder with limited range of motion. Per medical notes dated 07/24/14, patient complains constant moderate cervical spine pain; which he rates at 7/10 traveling to bilateral shoulder. He also complains of moderate lumbar spine pain, which he rates at 7/10, traveling down the left toe with shooting pain down the leg. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 2X6 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 cervical spines, lumbar spine, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 2X6 acupuncture treatments which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 2X6 acupuncture treatments are not medically necessary.