

Case Number:	CM14-0153117		
Date Assigned:	09/23/2014	Date of Injury:	04/26/2011
Decision Date:	01/07/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Chiropractic and 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 suffered an unknown work related injury on 04/26/2011. Physician notes were not available for review in the case file. Per the record, as of 06/24/2014 the injured worker is on light duty until 08/05/2014. Per the UR, the injured worker had one acupuncture treatment which decreases his neck pain. There were spasms to the left arm, numbness and tingling for 2 weeks to the left hand and forearm, low back pain, and stiff cervical spine. By 1/24/2014 he had completed 7/8 acupuncture sessions with noted relief of pain radiating down to the bilateral shoulders into the left elbow and left hand with positive numbness and weakness. Additional Acupuncture 2 X 3 was certified on 07/28/2014. This request is for an additional 2 X 3 sessions of Acupuncture. The Claims Administrator denied this request on 08/27/2014 and the request was subsequently appealed for 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 times a week for 3 weeks for the cervical spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per utilization review, on 1/24/2014 patient had completed 7/8 acupuncture sessions with noted relief of pain radiating down to the bilateral shoulders into the left elbow and left hand with positive numbness and weakness. Additional Acupuncture 2 X 3 was certified on 07/28/2014. This request is for an additional 2 X 3 sessions of Acupuncture which was denied by the utilization reviewer. 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, 2x3 acupuncture treatments are not medically necessary.