

Case Number:	CM14-0172330		
Date Assigned:	10/23/2014	Date of Injury:	10/21/2010
Decision Date:	01/15/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/17/2014

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 licensed 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 55 year old female who reported neck, bilateral upper extremity and lower back pain resulting from a work related injury on 10/21/2010. Mechanism of injury is unknown. An X-Ray of the cervical spine on 09/26/12 revealed advanced degenerative disc disease at C5-6 with posterior spurs encroaching on the neural foramina and C5-6 bilaterally. MRI of the cervical spine on 11/29/12 revealed degenerative changes, predominantly at C5-6 resulting in retrolisthesis of C5 and mild to moderate degree of spinal canal stenosis. X-Rays of the cervical spine on both 12/4/13 and 12/20/13 revealed degenerative disc change at C5-6 with hyper mobility seen at the C7-T1 level. EMG of the bilateral upper extremities on 06/03/2013 revealed mild ulnar mononeuropathy at the right elbow. Patient is diagnosed with neck pain, disorders sacrum, sciatica, and lesion ulnar nerve. Per notes dated 07/17/14, patient states she continues to experience neck pain which radiates into her left upper extremity; she also claims to have a very limited range of motion due to the stiffness in her neck. She also claims that the pain in her lower back radiates into her left upper extremity, and on occasion throughout the lower extremity. Patient has been treated with medication, physical therapy, chiropractic therapy and epidural steroid injection. Patient has not had prior acupuncture treatments. Primary treating physician has requested 12 visits which were modified to 4 visits per guidelines. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Acupuncture X 12 sessions: Upheld

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

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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.