

Case Number:	CM14-0187672		
Date Assigned:	11/17/2014	Date of Injury:	03/28/2013
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 is a 37 year old male who reported chest pain from injury sustained on 03/28/13. Patient is diagnosed with thoracic pain; chronic mid-back and chest pain; thoracic spine sprain/strain and disc disease; thoracic nerve root irritation; myofascial pain; intercostals strain; hemangioma of T10. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 06/27/14, patient reported subjective pain relief at 30% and nerve symptoms, improved of 40% as a result of his acupuncture care. He has less numbness in his legs. Per medical notes dated 10/31/14, patient has received acupuncture treatments, approximately 15, which are helpful for pain relief, affording him about 25% pain relief for a couple of days after treatment; he is able to perform activities of daily living as a result of the acupuncture but cannot describe any specific activities that are easier. Patient continues to complain of pain in the thoracic spine area which radiates to left periscapular area. Provider requested addition 12 acupuncture treatments which were denied by the utilization reviewer on 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture 2x6 for chest pain: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG: Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (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 medical notes dated 10/31/14, patient has received acupuncture treatments, approximately 15, which are helpful for pain relief, affording him about 25% pain relief for a couple of days after treatment; he is able to perform activities of daily living as a result of the acupuncture but cannot describe any specific activities that are easier. Provider requested addition 12 acupuncture treatments which were denied by the utilization reviewer on 11/06/14. 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, two times six acupuncture treatments are not medically necessary.