

Case Number:	CM14-0189902		
Date Assigned:	11/21/2014	Date of Injury:	09/15/2011
Decision Date:	01/08/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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 a licensed Chiropractor and Acupuncturist 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 54 year old female who reported right sided neck, upper back and right scapular border pain from injury sustained on 09/15/11 after being assaulted by a 5 year old student. The patient is diagnosed with displacement of thoracic disc without myelopathy. She has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 09/24/14, visit 3 of 6; she reports moderate improvement after last treatment. She reports overall decrease in pain and tightness which allows her to sit better at work. Per acupuncture progress notes dated 10/14/14, visit 6 of 6; she continues to do well with acupuncture, she reports an overall decrease in pain and tightness in the right upper back and low back with treatment which allows her to sit better at work. She reports less spasm in the right scapular region. She continues to report ongoing pain in the right side of the neck radiating to the right upper back and scapular region. She reports improved pain control and improved work tolerance with the provided acupuncture treatment. Provider requested additional 6 acupuncture treatments which were denied by the utilization review on 11/05/14. 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:

Additional acupuncture treatment unspecified frequency & duration, thoracic spine, Qty: 6: 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 pages 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 acupuncture progress notes dated 09/24/14, visit 3 of 6; she reports moderate improvement after last treatment. She reports overall decrease in pain and tightness which allows her to sit better at work. Per acupuncture progress notes dated 10/14/14, visit 6 of 6; she reports an overall decrease in pain and tightness in the right upper back and low back with treatment which allows her to sit better at work. Provider requested additional 6 acupuncture treatments which were denied by the utilization review on 11/05/14. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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, additional 6 acupuncture treatments are not medically necessary.