

Case Number:	CM14-0190735		
Date Assigned:	11/24/2014	Date of Injury:	03/30/2000
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 license 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 72-year-old female, with a reported date of injury of 03/30/2000. She has been having ongoing problems with neck pain, shoulder pain, headaches, and insomnia. The current diagnosis includes a neck disorder. The past diagnoses include vascular headaches; dizziness, with element of cervical vertigo; back strain; and neck disorder. Treatments have included trigger point injections, which have been helpful in the past; Botox injections, which have been helpful; Advil for headaches; and Zanaflex for muscle spasm. The progress report dated 10/16/2014 indicated that the Botox injections and acupuncture combination have been very helpful, and the injured worker's cervical range of motion has dramatically improved. It was also noted that the injured worker has had fewer headaches, with briefer duration and less pain. She admitted that her sleep was 95% better than it was prior to the Botox and acupuncture. The physical examination revealed normal range of motion of the cervical spine; a normal neurological exam; and normal motor function of the bilateral upper extremities. Per medical notes dated 11/20/14, neck and soreness started to worsen after the acupuncture treatment ceased. The medical records include the acupuncture progress reports for sessions held on 08/26/2014 and 10/23/2014. The progress report dated 10/23/2014 indicated that the range of motion had improved moderately, the pain frequency was occasional, the pain area had reduced; and the radicular symptoms were described as hyperesthesia. The reasons for the need for continuing care included reasonable progress toward functional outcomes has been made; additional significant improvement with activities of daily living (ADLs) can be expected; and the injured worker has not reached maximum therapeutic benefit/maximum medical improvement. It has been noted that the injured worker has a decrease in pain, increased range of motion, increased body mechanics and ability to perform ADLs, reduced use of pain medication, improved sleep, and reduced pain behaviors. On 10/28/2014, Utilization Review

(UR) denied the request for an additional six (6) sessions of acupuncture for the neck. The UR physician cited the MTUS guidelines and noted that there was a lack of functional improvement, since the injured worker has failed to return to work and remains dependent on other forms of medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 6 sessions for the neck: Overturned

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 had 6 prior acupuncture treatments. The progress report dated 10/16/2014 indicated that the Botox injections and acupuncture combination have been very helpful, and the injured worker's cervical range of motion has dramatically improved, she's had fewer headaches, with briefer duration and less pain. She admitted that her sleep was 95% better than it was prior to the Botox and acupuncture. The physical examination revealed normal range of motion of the cervical spine; a normal neurological exam; and normal motor function of the bilateral upper extremities. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has 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 medically necessary.