

Case Number:	CM14-0191313		
Date Assigned:	11/25/2014	Date of Injury:	03/28/2013
Decision Date:	01/29/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Board Certified in Acupuncturist, has a subspecialty in Chiropractic 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 23 year old female who reported neck and right knee pain from injury sustained on 03/28/13. Exact mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with protrusion at T8-9 and T11-12 with neural encroachment, thoracic spondylosis, cervical pain and upper extremity symptoms, and bilateral knee pain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 04/21/14, there are no significant complaints of the cervical spine. There is occasional radiation to the right upper extremity. Patient complains of constant dorsal spine pain rated at 4/10, increases to 6/10 with prolonged bending, standing or sitting. Patient complains of bilateral knee pain, right greater than left. Right knee pain is constant rated at 6/10 and increases to 9/10 with prolonged walking, kneeling or bending, ascending and descending stairs. She describes the left knee pain as intermittent and rated at 4-6/10. Examination revealed decreased range of motion and tenderness to palpation. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered. The request is for additional 2X6 acupuncture for cervical spine and right knee which was non-certified by the utilization review on 11/06/14. 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 for the cervical spine and right knee 2 times a week for 6 weeks:
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 had prior acupuncture treatment. Provider requested additional 2X6 acupuncture treatments for cervical spine and right knee which was non-certified by the utilization review on 11/06/14. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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. Additionally Official Disability Guidelines do not recommend acupuncture for cervical spine. Furthermore requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 2X6 acupuncture treatments are not medically necessary.