

Case Number:	CM14-0192703		
Date Assigned:	11/26/2014	Date of Injury:	10/25/2012
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Chiropractic, has a subspecialty 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:

This 46 year old male reportedly sustained a work related injury on October 25, 2012. He was unloading a container with assistance of forklift and fell off 53 foot trailer and landed on his head. Diagnoses include cervical sprain/strain, headaches, head trauma, blurred vision and diabetes. Physician's progress report dated September 5, 2014 provided the injured worker to have a urinary tract infection (UTI) and was treated for it. He was noted to be in no distress and stated he feels ok. Primary treating physician visit dated September 17, 2014 the injured worker complained of neck pain radiating down left arm and blurred vision with redness in eyes. Cervical range of motion (ROM) is flexion 40degrees, extension 30 degrees and rotation 45 degrees. Per medical notes dated 09/17/14, injured worker complains of neck pain with radicular symptoms into the left arm; "we have attempted conservative measures: physical therapy, acupuncture, chiropractic with transient relief". Injured worker is recommended for epidural steroid injection (ESI) at C4/5 and acupuncture 2-3 X 6. The record provided documentation of 5 acupuncture treatments but did not document improvement. Utilization Review referenced diagnosis of herniated cervical disc. There were no medications listed. On October 31, 2014 Utilization Review determined a request dated September 17, 2014 for acupuncture 2-3 X 6 to the neck is modified due to being above the recommended amount of therapy per Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines. Application for independent medical review is dated November 11, 2014. 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:

Acupuncture for the neck, twice to three times weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, Acupuncture

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". Injured worker has had prior acupuncture treatment. Per medical notes dated 09/17/14, injured worker complains of neck pain with radicular symptoms into the left arm; "we have attempted conservative measures: physical therapy, acupuncture, chiropractic with transient relief". Injured worker is recommended for epidural steroid injection (ESI) at C4/5 and acupuncture 2-3 X 6 which was modified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, the request for 2-3X6 acupuncture treatments are not medically necessary.