

Case Number:	CM14-0193036		
Date Assigned:	11/26/2014	Date of Injury:	03/20/2012
Decision Date:	01/14/2015	UR Denial Date:	10/13/2014
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 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 65 year old male who reported neck, mid-back, low back, and shoulder pain from injury sustained on 03/20/12 when the patient suffered a stroke in the work place. Patient is diagnosed with Headaches, cervical spine disc protrusion; cervical radiculopathy; thoracic spine sprain/strain; lumbar radiculopathy; lumbar disc protrusion; bilateral shoulder rotator cuff syndrome; bilateral elbow lateral epicondylitis; bilateral wrist tenosynovitis; bilateral chondromalacia patella; and bilateral ankle sprain/strain. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 07/31/14, patient complains of cervical spine, lumbar spine and hip pain. Per medical notes dated 10/14/14, patient complains of constant headaches rated at 3/10, constant neck pain with radiation to the right upper extremity with numbness and tingling; constant mid back pain rated at 2/10, constant low back pain rated at 4/10 with radiation down the bilateral lower extremity associated with numbness and constant right shoulder pain rated at 2-3/10. Examination revealed decreased range of motion and tenderness to palpation. Provider requested 6 acupuncture treatments for cervical spine, thoracic spine, lumbar spine and shoulder pain which was non-certified by the utilization review. 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 6 sessions (2x3) Cervical, Thoracic, Lumbar and Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the 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 acupuncture progress notes dated 07/31/14, patient complains of cervical spine, lumbar spine and hip pain. Provider requested 6 acupuncture treatments for cervical spine, thoracic spine, lumbar spine and shoulder pain which was non-certified 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.