

Case Number:	CM14-0198222		
Date Assigned:	12/08/2014	Date of Injury:	08/16/2001
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Chiropractor (DC) 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 36 year old female who reported neck, low back, and shoulder pain from injury sustained on 08/16/01. She was hit by another child while on the ice which caused her to fall backwards where she landed on her back and hit her head. Patient is diagnosed with status post spinal fusion and correction of deformity at L5-S1 and L4-5; C4-5 disc herniation right side; right shoulder labral tear with small paralabral cyst; right upper extremity tendonitis; spondylolisthesis L5-S1; discopathy L4-5; history of inner ear trauma; presumed post-concussive headaches; balance disturbance; status post right shoulder arthroscopy; persist vertigo and probably TMJ dysfunction; and cervical protrusion at C4-5, C5-6 and C6-7 with annular tearing. Patient has been treated with medication, spine and shoulder surgery, and physical therapy. Per medical notes dated 10/22/14, patient complains of ongoing neck pain, stiffness and difficulty rotating the neck. Patient has burning pain in the left buttock as well as tingling in the feet. Examination revealed focal tenderness at C4-7 as well as upper trapezius, diminished range of motion of the cervical spine. Provider requested initial trial of 2X6 acupuncture treatments which were modified to 6 by the utilization review on 11/6/14. 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:

Acupuncture 2 x 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 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 not had prior Acupuncture treatment. Provider requested initial trial of 2X6 acupuncture treatments which were modified to 6 by the utilization review dated 11/6/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.