

Case Number:	CM14-0198631		
Date Assigned:	12/08/2014	Date of Injury:	11/02/2002
Decision Date:	01/26/2015	UR Denial Date:	11/07/2014
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), 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 is a 46-year-old female with a work related injury dated November 2, 2002. At the physician visit on October 31, 2014 the worker was complaining of pain in the cervical and thoracic spine worse on the left side. Physical exam was remarkable for cervical spine flexion and extension 20 degrees with spasm and tenderness over the paravertebral and trapezial musculature on the left. Thoracic spine revealed tenderness and spasm, with rotation 30 degrees bilaterally, extension was ten degrees with spasm present over the paravertebral musculature bilaterally with tenderness. When bending over there was 30 inches from the fingertips to the floor. Diagnoses at this visit included cervical, thoracic and lumbosacral spine musculoligamentous sprain. Treatment plan at this visit included continuation of current medications, use of H-wave unit, back support, heat and ice therapy and an additional acupuncture visits two times per week for three weeks. On November 7, 2014, the request for acupuncture treatments twice per week for three weeks was non-certified. The rationale for non-coverage stated that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and or surgical intervention. When there is a request for additional visits, acupuncture may be extended if functional improvement is documented and should reflect a significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The worker had 18 acupuncture visits certified in June 2014. The documentation that was reviewed for this decision did not include documentation of functional improvement. Based on this the request for six additional acupuncture visits was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient was authorized acupuncture sessions in the past. However, there was no documentation of the outcome of those acupuncture session. Without documentation of functional improvement, additional acupuncture sessions are not medically necessary. Therefore, the provider's request for additional 6 acupuncture sessions is not medically necessary at this time.