

Case Number:	CM14-0198889		
Date Assigned:	12/09/2014	Date of Injury:	08/28/2009
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 71 year old male that sustained a work related injury resulting in a cervical sprain. Mechanism of injury was not noted in the records. Treatments included MRI of cervical spine, home exercise program and acupuncture sessions. Diagnosis included cervical sprain. Progress report dated 10/27/2014 noted that upon the injured worker's most recent visit dated 7/24/2014 the injured worker reported improvement of symptoms following acupuncture sessions, and noting he was able to sit and stand for longer periods of time. Magnetic resonance imaging (MRI) dated 10/4/2014 noted results of degenerative retrolisthesis of L2 on L3, L2-L3 moderated stenosis, L3-L4 severe right neural foraminal narrowing and moderate narrowing of the spinal canal and left neural foramen, L4-L5 moderate bilateral neural foraminal narrowing and L5-S1 moderate right and mild left neural foraminal narrowing. Treatment requests include acupuncture two times three (with infra lamp/medical supply/Kinesio tape) cervical spine. On 10/30/2014 Utilization Review denied the acupuncture two times three (with infra lamp/medical supply/Kinesio tape) cervical spine noting the request for acupuncture two times three (with infra lamp/medical supply/Kinesio tape) cervical spine is not medically necessary and MTUS acupuncture medical treatment guidelines. Per an Acupuncture report dated 7/14/14, the provider notes that the pain intensity, area, and frequency is reduced and he has increased lumbar range of motion. The claimant had six sessions of acupuncture between 6/18/14 to 7/14/14 and another six sessions from 8/12/14 to 8/28/14. He is working full duty. According to a prior UR review dated 8/28/2009, the claimant has had at least 32 acupuncture treatments in the past few years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks (with infra lamp medical supply/kinetic tape) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture with mild short term subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also the claimant does not appear to be reducing his dependence on care. Therefore further acupuncture is not medically necessary.