

Case Number:	CM14-0199429		
Date Assigned:	12/09/2014	Date of Injury:	03/31/2013
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
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 a licensed Chiropractor (DC) & 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 50 year old male who reported neck and low back pain from injury sustained on 03/31/13 due to a motor vehicle accident. There were no diagnostic imaging reports. Patient is diagnosed with Sciatica; brachial neuritis/ radiculitis. Patient has been treated with medication, acupuncture and chiropractic. Per medical notes dated 10/31/14, patient complains of low back pain, neck pain chronic. Per medical notes dated 10/13/14, patient complains of low back pain and neck pain. Patient notes the acupuncture and chiropractic treatment being rendered temporarily alleviates his complains of pain and he has noticed that the exercises he has been doing in office and at home have helped his mobility. Examination revealed there was no limitation of lumbar spine range of motion but pain was noted at all end ranges, cervical spine range of motion remains markedly restricted. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review on 11/4/14. 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:

12 sessions of Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 had prior acupuncture treatment. Per medical notes dated 10/13/14, patient notes the acupuncture and chiropractic treatment being rendered temporarily alleviates his complains of pain and he has noticed that the exercises he has been doing in office and at home have helped his mobility. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review on 11/4/14. 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. Additionally requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 Acupuncture Treatments are not medically necessary.