

Case Number:	CM14-0199611		
Date Assigned:	12/10/2014	Date of Injury:	02/17/2014
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 female who reported neck, low back and bilateral shoulder pain from injury sustained on 02/17/14. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar sprain/ strain and cervical sprain/strain. Patient has been treated with medication and physical therapy. The only medical records available for review are dated 07/14/14. Per medical notes dated 07/14/14, patient continues to have a pain of 8/10, throughout the cervical spine, lumbar spine and bilateral shoulder. Her biggest problem is low back that shoots to bilateral feet. She continues to have pain that radiates from neck down into the hands and wrists as well. It is unclear if the patient has not had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 2X6 acupuncture treatments which were modified to 6 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:

Range Of Motion Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Range of motion.

Decision rationale: MTUS guidelines do not mention range of motion testing. Per Official Disability Guidelines "not recommended as primary criteria but should be a part of routine musculoskeletal evaluation. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient. The treating physician has not offered an evidence-based medical justification that supports this treatment request. Per review of records and guidelines Range Of Motion Testing is not medically necessary.

Acupuncture 2 Times A Week for 6 Weeks for the Cervical and Lumbar Spines: 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". It is unclear if the patient has not had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 2X6 acupuncture treatments which were modified to 6 by the utilization review. 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.