

Case Number:	CM14-0201637		
Date Assigned:	12/19/2014	Date of Injury:	03/15/2007
Decision Date:	02/05/2015	UR Denial Date:	11/18/2014
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 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 65-year-old female, with a reported date of injury of 03/15/2007. The result of the injury was neck pain and low back pain. The current diagnoses include neck pain, low back pain, right shoulder pain and right hand pain. The past diagnoses include lumbar segmental instability with radiculitis, status post C3 to C7 hybrid reconstruction, status post C4-7 removal of cervical hardware, right shoulder impingement syndrome with rotator cuff and labral tear, left shoulder internal derangement, status post left thoracic outlet syndrome release, status post De Quervain's release, Electrodiagnostic evidence of right carpal tunnel syndrome, status post bilateral knee surgery with degenerative joint disease, sprain/strain left foot and ankle rule out fracture, and severe cervical discopathy with radiculopathy, left greater than the right. Treatments have included x-rays of the neck and low back on 06/10/2009; electromyography/nerve conduction study of the bilateral upper extremities on 04/05/2012, which showed right carpal tunnel syndrome. Additionally, patient has been treated with medication, surgery, physical therapy, acupuncture and epidural injections. The progress report dated 10/16/2014 indicates that the injured worker complained of intermittent pain in the cervical spine, with radiation to the upper extremities. She also complained of headaches; tension between the shoulder blades; constant pain in the low back, with radiation into the lower extremities; and frequent pain in the bilateral shoulders. The injured worker rated the cervical spine pain a 3 out of 10; and the low back pain an 8 out of 10. An examination of the cervical spine showed tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasms; limited range of motion; normal sensation and strength; and no evidence of instability. An examination of the lumbar spine showed tenderness from the mid to distal lumbar segments; positive seated nerve root test; pain with terminal motion; no evidence of instability; tingling and numbness in the lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot; 4 out

of 5 strength in the extensor hallucis ligament and ankle plantar flexors, L5 and S1 innervated muscles; and weakness of the ankles and toes. The treating physician recommended acupuncture treatment; however, the reason for the recommendation was not indicated. The injured worker's status was permanently partially disabled and retired. On 11/18/2014, Utilization Review (UR) denied the request for acupuncture two (2) times a week for four (4) weeks for the cervical spine and the lumbar spine. The UR physician cited the Acupuncture Medical Treatment Guidelines, and noted that there is limited documentation regarding the number of acupuncture sessions that were completed, the last date of service, and the response to conservative care performed in the past. It was also noted that there was limited evidence of recent exacerbation or significant progression of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Cervical & Lumbar Spine: 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 had prior acupuncture treatment. 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. Per review of evidence and guidelines, additional 8 visits are not medically necessary.