

Case Number:	CM14-0202914		
Date Assigned:	12/15/2014	Date of Injury:	08/20/1999
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 fifty-four year old female who sustained a work-related injury on August 20, 1999. A request for six sessions of acupuncture to the cervical spine was non-certified in Utilization Review (UR) on November 14, 2014. The UR physician utilized the California (CA) Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) in the determination. The CA MTUS recommends that acupuncture be used for an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The ODG recommends that acupuncture for the neck and upper back be used for an initial trial of 3-4 visits over two weeks. With evidence of functional improvement during the trial period, then acupuncture may be used for a total of up to 8-12 visits. The UR physician determined that upon review of the documentation submitted for evaluation that there was no documentation as to the specific functional improvement received from initial therapy. A request for independent medical review (IMR) was initiated on December 4, 2014. A review of the documentation submitted for IMR included physician's evaluations from April 21, 2014 through November 11, 2014. On April 21, 2014 the evaluating physician noted that the injured worker complained of continued pain and stiffness and the pain remained at a consistent level. The upper trapezius was tender to palpation with pain upon range of motion and a decreased range of motion. The evaluating physician recommended twelve (12) sessions of chiropractic therapy. There were two cervical spine chiropractic session reports dated June 27, 2014 and June 30, 2014. The sessions did not document specific function improved gained from the treatment. On July 21, 2014 the evaluating physician noted that the injured worker was getting relief from the chiropractic treatment. The physician did not document specific functional gains from the therapy. The injured worker had tenderness to palpation, rhomboid spasms and tenderness. The provider

recommended a continuation of chiropractic therapy. An evaluation on August 20, 2014 indicated the injured worker was improving with acupuncture. Her activities of daily living had increased and there had been a decrease in medication. There was minimal discomfort and increased range of motion. The provider recommended a continuation of acupuncture. On October 1, 2014, the injured worker had increased pain since she stopped conservative care with acupuncture and chiropractic therapy. Her pain had gotten worse and she complained of a throbbing sensation in the neck with muscle tightness. Her medications provided temporary relief. On examination she had spasms and tenderness of the trapezius and rhomboid muscles and pain with flexion and extension. On November 11, 2014, the injured worker reported increased neck stiffness and had limited range of motion. She had relief with medications. On examination, she had increased stiffness and spasms of the trapezius muscles and rhomboid muscles. She had radicular symptoms and decreased sensation. The provider recommended a continuation of her chiropractic therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, 1xWk x 6Wks: Upheld

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

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, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.