

Case Number:	CM14-0204071		
Date Assigned:	12/16/2014	Date of Injury:	04/04/2014
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Acupuncturist & 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 60 year old male who reports low back pain with bilateral leg symptoms as well as weakness/stiffness in his back resulting from a work related injury on 04/04/2014. Patient was assisting coworkers in lifting a car off of a customer at the time of injury. Patient is diagnosed with cervical spondylotic stenosis and lumbar spinal stenosis with radiculitis and disk protrusion. Per requesting physician's notes dated 10/27/2014 patient has restricted cervical range of movement. He has a Spurling sign with rotation and extension, both right and left, with referred pain into the interscapular regions. Patient had a recent fall that has caused swelling around his right hand and 1stmetacarpophalangeal joint. He is experiencing difficulty standing straight and upright, there is tenderness at his lumbosacral junction. He has decreased range of motion in all planes secondary to pain. Patient has been treated with medication, acupuncture, epidural steroid injection and physical therapy. Primary treating physician requested 12 additional visits which were denied. The patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical lumbar spine (2x6) 12 sessions.: 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, 12 additional visits are not medically necessary.