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| Case Number: | CM14-0205915 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 07/13/2012 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 licensed in Chiropractic therapy, has a subspecialty in Acupuncture 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 female who reported neck, mid back and low back pain from injury sustained on 07/13/12. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with pain in thoracic spine, cervicalgia, sprain/strain of neck, and lumbago. Patient has been treated with medication, physical therapy, massage therapy and acupuncture. Per medical notes dated 11/07/14, patient complains of chronic thoracolumbar back pain. Her symptoms have been likely related to myofascial pain. She indicates the last 3 weeks she had again some increased back pain which she feels as stabbing pain radiates from upper trapezius area down to the thoracolumbar junction. She rates her pain between 6-7/10. Per medical notes dated 11/07/14, she has previously found the most effective treatment to be acupuncture, massage as well as medication to manage her pain. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review on 11/12/14. 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:

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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 11/07/14, she has previously found the most effective treatment to be acupuncture, massage as well as medication to manage her pain. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review on 11/12/14. 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. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.