

Case Number:	CM14-0206172		
Date Assigned:	12/18/2014	Date of Injury:	01/01/2014
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
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 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 52 year old male who reported neck, low back, shoulder, hands, and wrist pain from injury sustained on 01/01/14 due to cumulative trauma. Patient is diagnosed with cervicalgia, cervical radiculitis/neuritis, lumbago, and right knee enthesopathy. Patient has been treated with medication, therapy and extensive chiropractic. Per medical notes dated 06/09/14, patient complains of neck, shoulder, hands, wrist and low back pain. Patient continues to complain of pain in both sides of his neck. Pain is rated at 5-7/10 in intensity by occasional repetitive, prolonged turning and twisting, bending forward and backwards. Patient complains of intermittent pain in middle part of his low back. Pain is rated at 7/10. Pain is described as aching, sharp, tingling, pressure and tension like in character with radiating to his legs. The pain is exacerbated to 7/10 by prolonged walking, standing, and sitting; occasional and repetitive lifting/carrying, bending, stooping and squatting. Provider requested initial trial of 2X12 acupuncture treatments for lumbar spine which were non-certified by the utilization review on 12/02/14. 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 2 times a week x 12 weeks, 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 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 not had prior Acupuncture treatment. Provider requested initial trial of 2x12 acupuncture treatments which were non-certified by the utilization review on 12/02/14. 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. Acupuncture is used as an option when pain medication is decreased or not tolerated, which was not documented in the provided medical records. Per guidelines and review of evidence, 2x12 Acupuncture visits are not medically necessary.