

Case Number:	CM14-0206435		
Date Assigned:	12/18/2014	Date of Injury:	04/05/2006
Decision Date:	02/13/2015	UR Denial Date:	11/10/2014
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 Chiropractor (DC), 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 49 year old female who reported neck, low back and shoulder pain from injury sustained on 04/05/06 after having an argument with a teaching assistant. Patient is diagnosed with cervical disc displacement, cervical spondylosis, lumbar spinal stenosis, and lumbar radiculopathy. Patient has been treated with medication. Per medical notes dated 04/01/14, patient complains of neck pain which radiates down bilateral upper extremity. Pain is aggravated by activity and walking. Patient complains of low back pain which radiates down lower extremity. The pain is aggravated by activity and walking. She also complains of lower extremity pain in the right knee and right heel. Pain is rated at 5/10 with medication and 7/10 without medication. Per medical notes dated 10/23/14, patient complains of continuing pain. Examination revealed limited range of motion of cervical and lumbar spine. Provider requested initial trial of 12 acupuncture treatments which were modified to 3 by the utilization review. 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 with electrical stimulation two times a week for six weeks in treatment of the cervical spine, lumbar spine, and right shoulder quantity: 12: 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. Per guidelines, 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. Provider requested initial trial of 12 acupuncture treatments which were modified to 3 by the utilization review. 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: 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. Per guidelines and review of evidence, 12 acupuncture visits are not medically necessary.