

Case Number:	CM14-0207043		
Date Assigned:	12/19/2014	Date of Injury:	10/04/2013
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 and 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 43 year old female who reported neck pain from injury sustained on 10/04/13. She was in the playground and was squatting down helping a student when she stood up a kid walking by struck the tetherball, which rapidly and forcefully struck the patient's left occipital lobe. Patient is diagnosed with post concussive syndrome and cervical spine herniated nucleus pulposus with radiculopathy. Patient has been treated with medication, physical therapy, chiropractic, and acupuncture. Per medical notes dated 10/17/14, patient continues to suffer and continues to have pain. She also has radiculopathy into the right upper extremity. She has sleep deprivation related to her pain and this has all caused anxiety and stress due to pain. She complains of neck pain with headaches. The headaches are daily and with nausea and dizziness. The neck pain is constant, dull and achy becoming sharp and stabbing with any increased activity. She complains of right upper extremity numbness and tingling to the right hand. Provider requested additional 1X3 acupuncture treatments for cervical spine which was non-certified 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:

Additional acupuncture once a week for 3 weeks for the cervical 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- 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. Provider requested additional 1X3 acupuncture treatments for the cervical spine which were non-certified by the utilization review. 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, 1x3 acupuncture treatments are not medically necessary.