

Case Number:	CM14-0026824		
Date Assigned:	06/13/2014	Date of Injury:	04/16/2004
Decision Date:	01/02/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 & 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 57 year old female who reported neck and bilateral upper extremity pain from injury sustained on 04/16/04. Mechanism of injury was not documented in the provided medical records. The patient is diagnosed with bilateral shoulder subacromial impingement bursitis; bilateral knee degenerative joint disease; bilateral wrist flexor tendinitis; status post cervical spine surgery; left ankle minimal degenerative joint disease. The patient has been treated with medication, acupuncture, physical therapy, surgery (cervical spine fusion). Per medical notes dated 08/30/13, patient complains of neck pain rated at 8/10. Per medical notes dated 10/23/13, patient is following up for reevaluation after posterior cervical fusion. She has some neck discomfort and burning over the posterior neck, and she has also some tightness in her upper back pain. Provider requested additional 6 acupuncture treatments for neck pain which was denied by the utilization reviewer on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 6, Cervical: 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 6 acupuncture treatments for neck pain which was denied by the utilization reviewer on 01/30/14. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.