

Case Number:	CM14-0028918		
Date Assigned:	06/16/2014	Date of Injury:	06/15/2006
Decision Date:	01/02/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 Chiropractor 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 57 year old male with a reported industrial injury on June 5, 2006, involving the back, cervical spine and right shoulder, the mechanism of the injury was not provided in the available medical records. He is diagnosed with Bilateral Lumbosacral strains, Bilateral Lumbosacral Facet Syndromes, Myofascial pain syndrome, bilateral cervical strain, bilateral cervical radiculopathy, right shoulder strain and status post right shoulder surgery. The injured worker was examined on February 6, 2014 by the primary treating physician with complaints of continued pain in the bilateral iliolumbar ligaments with some radiation of pain into the buttock area especially with bending and twisting to either side. Also noted he was having some pain in the bilateral paracervical and trapezius muscles with some radiation of pain down the bilateral upper extremities with some intermittent numbness and tingling sensations affecting both hands. The injured worker continues to do home exercise program a couple days a week. The physical exam of the cervical spine notes decreased flexion, extension and bilateral bending and rotation by 10 percent of normal, for range of motion, on palpation there was tenderness in the bilateral paracervical muscles, bilateral trapezius muscles and bilateral rhomboid muscles, sensation was decreased in the bilateral ventral aspect of the thumb and first two and half digits, reflexes were normal, normal strength and bilateral spurling sign was positive. Physical exam of the lumbar spine were noted to have decreased flexion, extension and bilateral bending by 10 percent of normal for range of motion, palpation there was tenderness in the bilateral iliolumbar ligaments, decreased reflexes in the bilateral ankles with normal reflexes in bilateral knees, the bilateral lumbar facet maneuver was positive. Past medical and diagnostic testing were not available in the provided medical records. The treatment plan on February 6, 2014 included acupuncture 2x/wk for 4 weeks to avoid surgical intervention. Per medical notes dated 02/06/14, patient has been authorized acupuncture. The injured worker is retired. On

February 12, 2014 the primary care physician request acupuncture evaluation 2x/wk for 4 weeks to the lumbar spine. On February 28, 2014 non-certified the request for acupuncture evaluation 2x/wk for 4 weeks to the lumbar spine. The Utilization Review denial was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE EVALUATION AND TREATMENTS 2 X WEEK FOR 4 WEEK FOR THE 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- 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 02/06/14, patient has been authorized acupuncture. The treatment plan on February 6, 2014 included acupuncture 2x/wk for 4 weeks to avoid surgical intervention. 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, 2x4 acupuncture treatments are not medically necessary.