

Case Number:	CM14-0210246		
Date Assigned:	12/23/2014	Date of Injury:	09/27/2013
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 ENTER SUBSPECIALTY 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 31 year old male who reports pain in his right shoulder, upper and lower back, neck, right knee and right ankle resulting from a work related injury on 09/27/2013. Injury is a result of lifting and cumulative trauma. Patient is diagnosed with cervical spine disc protrusions, thoracic spine sprain and strain, lumbar spine disc protrusions, right shoulder tendonitis, osteoarthritis, right ankle tendonitis, headache and insomnia. Per requesting physician's notes dated 10/24/2014 patient complains of intermittent neck pain rated 5/10, upper back pain rated 4/10, low back pain rated 3/10, right shoulder pain rated 3/10 and right ankle pain rated 1/10. Upon examination there is tenderness and spasm over the bilateral paraspinal and quadrates lumborum. Range of motion is decreased in all planes. Extension/rotation test of facets is positive bilaterally. Straight leg raise test is negative bilaterally. Patient has been treated with medication, acupuncture, injections, lumbar spine brace, physical therapy and chiropractic care. Primary treating physician requested 8 additional visits which were non-certified by the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to the low back: 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. Primary treating physician requested 8 additional visits 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, 8 additional visits are not medically necessary.