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| Case Number: | CM14-0217697 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 05/28/2014 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/28/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 39 year old female who reported neck and low back pain from injury sustained on 05/28/14 due to repetitive lifting at work. X-rays of the cervical spine revealed degenerative disc disease at C5-6. MRI of the lumbar spine was within normal limits. Patient is diagnosed with lumbosacral sprain/strain; disc bulge myelopathy; cervicothoracic sprain/strain. Patient has been treated with medication, chiropractic, and acupuncture. Per acupuncture progress notes dated 11/05/14, patient complains of neck, upper back, and low back pain that travels down to the right lower extremity to the bif toe. She reports she has a severe headaches on the top of the head from time to time. Examination revealed range of motion of the neck and shoulder within normal limits and tenderness to palpation of the trapezius, supraspinatus and paraspinal area. Per acupuncture progress notes dated 12/12/14, patient complains of neck, upper back, and low back pain that travels down to the right lower extremity to the bif toe. She reports she has a severe headaches on the top of the head from time to time. Examination revealed range of motion of the neck and shoulder within normal limits and tenderness to palpation of the trapezius, supraspinatus and paraspinal area. Provider requested additional 20 acupuncture treatments for lumbar spine and cervical spine which were 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:

Acupuncture once a week for 20 weeks for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 20 acupuncture treatments 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 20 acupuncture treatments are not medically necessary.