

Case Number:	CM14-0064603		
Date Assigned:	07/11/2014	Date of Injury:	08/03/2012
Decision Date:	02/12/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/07/2014

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 a licensed Chiropractor (DC) & Acupuncturist 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 56 year old female who reported neck pain from injury sustained on 08/03/12. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with cervical degenerative disc disease, cervical disc protrusion, and cervical radiculopathy. Patient has been treated with medication, left shoulder surgery, physical therapy and acupuncture per utilization review. Per medical notes dated 03/21/14, since the last examination, her left shoulder pain is improving; however, she still complains of neck pain. She reports that the pain is associated with weakness, stiffness, numbness, tingling, and locking. Pain radiates to her elbows. She reports that lifting, pushing, and pulling aggravate her symptoms. Examination revealed decreased cervical spine range of motion with tenderness to palpation, guarding and spasms noted over the left paravertebral region and upper trapezius muscles. Provider requested 2x4 acupuncture treatments which were non-certified by the utilization review on 04/18/14. 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 two times a week for four weeks.: 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 pages 8 and 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". Per utilization review, patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Provider requested 2x4 acupuncture treatments which were non-certified by the utilization review on 04/18/14. 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 requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x4 Acupuncture treatments are not medically necessary.