

Case Number:	CM14-0090233		
Date Assigned:	09/19/2014	Date of Injury:	09/06/2013
Decision Date:	01/30/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 (DC) 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 41 year old female who reported neck and low back pain from injury sustained on 09/06/13 due to slip and fall. MRI of the lumbar spine revealed multilevel disc bulges. Patient is diagnosed with lumbago, swelling in head and neck, lumbosacral neuritis, lumbar disc displacement, lumbar root injury, and cervicgia. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 05/15/14, patient complains of lumbar spine and cervical spine pain. Patient states that therapy is helping. Per medical notes dated 06/26/14, patient complains of frequent stabbing pain in the neck which radiates to the left shoulder and head. Pain is rated at 9-10/10. Medication helps relieve the pain. Patient complains of constant stabbing pain in the low back, which radiates to the left lower extremity. Pain is rated at 8-10/10. Pain is associated with numbness, tingling and weakness in the lumbar spine and left leg. Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture treatments for cervical spine and lumbar spine which was non-certified by the utilization review on 06/13/14. 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:

Outpatient Acupuncture to the cervical and lumbar spine two times a week over 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 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 two times four acupuncture treatments for cervical spine and lumbar spine which was non-certified by the utilization review on 06/13/14. 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, two times four acupuncture treatments are not medically necessary.