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| Case Number: | CM14-0096233 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/29/2006 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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 Internal Medicine 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 patient is an injured worker with neck and back complaints. Regarding the mechanism of injury, the patient was injured when she turned a another person. Date of injury was June 29, 2006. The primary treating physician's progress report dated June 5, 2014 documented subjective complaints of pain in the mid back and low back with numbness and weakness of the lower extremities, right side greater than left. She denies any pain in her neck. She rates the severity of her pain as an 8 overall without medication or therapy. Her pain is reduced to 5, with medications. She states that acupuncture therapy has previously afforded her significant pain relief lasting two months. Objective findings were documented. Physical examination reveals muscular spasm over the cervical spine region. There is no tenderness to palpation noted. Examination of the thoracolumbar spine reveals stiffness of the facet joints associated with muscular guarding over the paraspinal musculature. Diagnoses were cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, stress, insomnia, fibromyalgia, and fatigue. Treatment plan was documented. The patient was in the chronic phase of treatment. She has shown subjective improvement in terms of pain along with objective improvement in terms of tenderness with respect to her cervical spine. Regarding her thoracolumbar spine, she has not shown subjective improvement in terms of pain or objective improvement in terms of tenderness or range of motion. She has shown functional restoration in terms of activities of daily living with her cervical spine, but not in terms of work ability with her thoracolumbar spine. She has developed secondary treatable sequelae of insomnia and gastric side effects from the primary injury. The patient appears to have benefited to a degree from the current medications and requires the continuation of the medications for the maintenance of her activities of daily living. Prescriptions were provided for Tramadol, Diclofenac, Omeprazole, Cyclobenzaprine, and Mirtazapine. In view of the patient's persistent

mid back and low back and positive physical examination findings, the patient was referred for consultation with a pain management specialist for evaluation of further nonsurgical options for her thoracolumbar spine. The patient was referred for consultation with a psychologist psychiatrist for evaluation and possible treatment of her symptoms of stress in relation to her chronic pain. The patient stated that acupuncture therapy has previously afforded her significant pain relief lasting two months. The patient has benefited from acupuncture therapy in the past. A course of acupuncture therapy 2 times per week for 4 weeks to help alleviate some of her mid back and low back pain was requested. Utilization review determination date was June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. The primary treating physician's progress report dated June 5, 2014 documented that the patient stated that acupuncture therapy has previously afforded her significant pain relief lasting two months. The patient has benefited from acupuncture therapy in the past. A course of acupuncture therapy 2 times per week for 4 weeks to help alleviate of mid back and low back pain was requested. No clinically significant improvement in activities of daily living was documented. No reduction in work restrictions was documented. No reduction in the dependency on continued medical treatment was documented. ACOEM guidelines indicate that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The request for 8 acupuncture treatments exceeds MTUS guideline recommendations, without objective evidence of functional improvement, and is not supported by MTUS. Therefore, the request for Acupuncture x 8 is not medically necessary.