

Case Number:	CM15-0058731		
Date Assigned:	04/03/2015	Date of Injury:	05/02/2013
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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

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 36 year old male patient who sustained an industrial injury on 05/02/2013. The patient had initial complaint of cervical, thoracic, and lumbar pains. Prior treatment to include: acupuncture treatment, pain management, laboratory work up, magnetic resonance imaging, and psychological evaluation. A primary treating office visit dated 11/19/2014 reported subjective complaints of low back pain rated a 7 out of 10 in intensity. He reports that compound cream is helping to decrease pain. He also had initiated acupuncture therapy. The patient also reports having difficulty with activity of daily living due to limitations from pain. He is diagnosed with lumbar discopathy, lumbar spinal disc with canal stenosis, and diffuse pain, status post work related accident. The plan of care involved prescribing Cymbalta, Vicodin 5/300mg, and Etodolac, electric nerve conduction study, pain management consultation, manual therapy, and urinalysis. He will remain on temporary total disability status until 12/18/2014. The most recent record provided was a consulting evaluation dated 01/14/2015 that reported a diagnostic impression of cervical spine strain/sprain with radiculopathy to the bilateral upper extremities and right shoulder strain/sprain. At this time, the patient had complaint of constant moderate to severe neck pain, right shoulder parasthesias, and persistent tension sleepiness, anxiety, depression and fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. "Chronic pain for purposes of acupuncture" means pain that persists for at least 30 days beyond the usual course of an acute disease or a reasonable time for an injury to heal or that is associated with a chronic pathological process that causes continuous pain (e.g., reflex sympathetic dystrophy). Time to produce functional improvement: 3 to 6 treatments. Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). "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.

Decision rationale: The claimant presented with ongoing pain in the neck and back despite previous treatments with medications, acupuncture, topical pain cream and chiropractic. Reviewed of the available medical records showed no document of pain medication is reduced or not tolerated, no adjunct physical rehabilitation or therapeutic exercise, and no surgical intervention necessary. Based on the guidelines cited, the request for 8 acupuncture treatments is not medically necessary.