

Case Number:	CM14-0122997		
Date Assigned:	08/08/2014	Date of Injury:	08/28/2013
Decision Date:	10/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation 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:

This 30 year old patient had a date of injury on 8/28/2013. The mechanism of injury was not noted. In a progress noted dated 6/16/2014, subjective findings included constant pain in his neck, which is 6/10, and intermittent low back pain, which is 7/10. There is pain in low back that travels into his legs. On a physical exam dated 6/16/2014, objective findings included tenderness to palpation, myospasms and restricted ranges of motion in the cervical spine. There is tenderness to palpation and myospasms in the thoracic spine as well as lumbar spine. While attending previous acupuncture therapy sessions, the patient reports he takes less medication and has less difficulty performing his home exercise program. The diagnostic impression shows cervical strain, thoracic strain, lumbar sprain with radiculopathy. The treatment to date includes medication therapy, behavioral modification, and acupuncture. A UR decision dated 6/25/2014 denied the request for acupuncture 2x/week for 4 weeks for cervical, thoracic, and lumbar spine, stating that records do not indicate how many previous acupuncture sessions have been attempted. Furthermore, there was mention that the patient was in acupuncture in the past with reduced medication usage; however, there were no records of previous treatments with evidence of reduced work restrictions, increased ADL's, reduction in medication prescriptions and decrease in medical treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk X 4wks Cervical, Thoracic and Lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

Decision rationale: The CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In a progress report dated 6/16/2014, the patient claims that previous acupuncture treatments have helped him take less medication and have less difficulty performing his home exercise program. However, from the reports viewed, it was unclear how many previous sessions this patient has had. Furthermore, the records do not discuss the objective functional improvements gained from these sessions. Therefore, the request for Acupuncture 2x/week for 4 weeks to the lumbar, thoracic, and cervical areas is not medically necessary.