

Case Number:	CM14-0129270		
Date Assigned:	08/18/2014	Date of Injury:	02/12/2014
Decision Date:	12/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational 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 a 50-year-old male who has submitted a claim for cervical radicular pain and posttraumatic stress disorder associated with an industrial injury date of 2/12/2014. Medical records from 2014 were reviewed. The patient complained of neck pain rated 9/10 in severity, described as constant and dull with intermittent stabbing sensation at the right lower extremity. Physical examination of the cervical spine showed tenderness, negative for muscle spasm, and negative Spurling's maneuver. Motor testing was unremarkable. Neurovascular status was intact. Treatment to date has included open reduction internal fixation of right proximal humerus, physical therapy, and medications. The utilization review from 7/17/2014 modified the request for acupuncture session 2-3 times per week for 6 weeks cervical spine into acupuncture 2 times a week for 3 weeks to meet guideline recommendation for trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture session 2-3 times per week for 6 weeks cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, the patient complained of neck pain rated 9/10 in severity, described as constant and dull with intermittent stabbing sensation at the right lower extremity. Physical examination of the cervical spine showed tenderness, negative for muscle spasm, and negative Spurling's maneuver. Motor testing was unremarkable. Neurovascular status was intact. Symptoms persisted despite physical therapy and medications. Acupuncture is a reasonable treatment option at this time. However, it is unclear why 6 sessions could not suffice to meet guideline recommendation for trial basis. The request exceeded guideline recommendation and there was no discussion concerning need for variance from the guidelines. Therefore, the request for acupuncture session 2-3 times per week for 6 weeks cervical spine is not medically necessary.