

Case Number:	CM14-0131384		
Date Assigned:	08/20/2014	Date of Injury:	05/09/2013
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, 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 47 year old female who reported neck and low back pain from injury sustained on 05/09/13 after assisting an obese patient. EMG/NCV (07/02/14) of the upper extremity revealed mild right cubital tunnel syndrome; increased insertional activity at C4-5 and C5-6 which may represent foraminal stenosis or cervical degenerative joint disease. EMG/NCV (07/03/14) of the lower extremity revealed mild right tarsal tunnel syndrome; increased insertional activity at L4-5 and L5-S1 which may represent foraminal stenosis and lumbar degenerative joint disease. MRI of the cervical spine revealed 4mm disc protrusion at C4-5 and 5mm disc protrusion at C5-6. Patient is diagnosed with cervical sprain/strain with radicular complaints and lumbar spine sprain/strain with radicular complaints. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/23/14, patient complains of intermittent moderate neck pain with radiation to bilateral arms with numbness and tingling. Patient reports intermittent moderate low back pain. Examination revealed tenderness to palpation to the paracervical and trapezius musculature. Lumbar spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at midline thoraco-lumbar junction and over the level of L5-S1 facets and right sciatic notch. Provider is requesting additional 2X4 acupuncture treatments. Patient has had 24 acupuncture sessions to date. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 C Spine/ LS Spine: 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 24 acupuncture treatments. 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. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.