

Case Number:	CM14-0146717		
Date Assigned:	09/12/2014	Date of Injury:	02/25/2013
Decision Date:	10/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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 Chiropractic and 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 60 year old female who reported neck and low back pain from injury sustained on 02/25/13 after being assaulted by a student. X-rays of the lumbar spine revealed mild degenerative changes. X-rays of the cervical spine revealed minimal grade 1 anterolisthesis of C7 on T1. Patient is diagnosed with myoligamentous strain of cervical spine and bilateral trapezius muscles; compression and contusion of right shoulder; myoligamentous strain of lumbar spine with radicular symptoms in right lower extremity; and migraines. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per medical notes dated 05/28/14, patient complains of neck pain and stiffness radiating to the right shoulder. She also complains of constant low back pain radiating to the right lateral thigh. Examination revealed tenderness to palpation of paracentral muscles, bicipital groove and right sciatic notch. Per medical notes dated 08/13/14, patient complains of constant moderate to severe back pain radiating to the bilateral lower extremity, right sided neck pain and shoulder pain. Patient complains of severe migraines. Examination revealed decreased range of motion and tenderness to palpation of the cervical spine. Range of motion of the lumbar spine is decreased. Provider is requesting additional 12 acupuncture sessions. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the cervical and lumbar spine, twice a week for 6 weeks QTY: 12.00: 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 prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, additional 2X6 acupuncture treatments are not medically necessary.