

Case Number:	CM14-0148158		
Date Assigned:	09/18/2014	Date of Injury:	06/09/2014
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 42 year old male who reported neck and low back pain from injury sustained on 06/09/14 due to being rear-ended in a motor vehicle accident. CT scan of the head revealed no intracranial process; couple of 3-4mm small lacunar infarcts vs. perivascular space or artifacts of left temporal lobe. X-rays of the lumbar spine were unremarkable. X-rays of cervical spine revealed loss of normal cervical lordosis with slight kyphotic angulations centered on C3 may represent torticollis or positional and early mild degenerative disc disease at C4-C5 and C5-C6. Patient is diagnosed with sprain of neck and sprain of lumbar spine. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 07/28/14, patient complains of neck and low back pain which has not improved significantly. Per medical notes dated 08/14/14, patient complains of moderate pain with no change. He completed chiropractic treatment which was not much help. Provider is requesting acupuncture X6 visits for pain control for neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 for the Cervical and Lumbar Spine, Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Acupuncture

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 not had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated, which is not documented in the provided medical records. Per ACOEM guidelines chapter 8, page 175; "do not recommend Acupuncture for neck and upper back pain". Furthermore, Official Disability Guidelines: do not recommend acupuncture for neck and upper back pain. Per guidelines and review of evidence, 6 Acupuncture visits for neck and low back pain are not medically necessary.