

Case Number:	CM14-0149735		
Date Assigned:	09/18/2014	Date of Injury:	11/21/2005
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Licensed 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 56-year-old male who reported neck and low back pain from injury sustained on 11/21/05. He was carrying a sheet of plywood that got caught in the wind and rapidly twisted and flipped him onto the ground, hurting his neck and low back. Electro-diagnostic studies revealed bilateral femoral cutaneous neuropathy (meralgia paraesthetica). Patient is diagnosed with cervicgia, lumbago and sciatica. Patient has been treated with medication, physical therapy, chiropractic, injection, spinal cord stimulator and acupuncture. Per medical notes dated 07/03/14, patient complains of worsening low back pain, unable to ambulate for more than 10 minutes without back fatigue. He continues to have tingling sensation down bilateral lower extremities. Examination revealed flattened lumbar lordosis, posture guarding, and decreased range of motion with flexion and extension. Per medical notes dated 08/28/14, patient complains of neck and low back pain rated at 5/10. He reports difficulty straightening the spine without a sharp and shooting pain and difficulty turning his head due to pain. Acupuncture and physical therapy were reported to be helpful in the past. Examination revealed limited range of motion of the cervical and lumbar spine with tenderness to palpation over the cervical and lumbar spine paraspinal muscles. Provider requested additional 6 acupuncture sessions for the neck and low back. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical treatment Guidelines, pages 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 functional improvement: 3-6 treatments. Frequency: 1-3 times per week. Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". This patient has had prior acupuncture treatment. Per medical notes dated 08/28/14, patient reported acupuncture and physical therapy to be helpful in the past; however, there is no objective 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.