

Case Number:	CM14-0159415		
Date Assigned:	10/03/2014	Date of Injury:	11/20/2009
Decision Date:	10/29/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 27 year old female who reported neck pain from injury sustained on 11/20/09 due to repetitive stress. There were no diagnostic imaging reports. Patient is diagnosed with cervical spine sprain/strain; cervical intervertebral disc degeneration; cervicgia and unspecified myositis and myalgia. Patient has been treated with medication, status post C5-6 artificial disc replacement, physical therapy and acupuncture. Per medical notes dated 06/20/14, patient complains of neck pain, repetitive stress injury, and myofascial pain involving the trapezius and rhomboid muscles. Overall, she feels like her symptoms are stable and she manages her flare-ups. Examination revealed functional range of motion, tenderness to palpation in her rhomboids. Per medical notes dated 08/15/14, since her last visit she reports that she developed vertigo. She describes mid thoracic pain that has been ongoing in the past. It appears that it has recently flared with no new trauma. Examination revealed trigger points in her bilateral trapezius. Provider is requesting additional acupuncture sessions X12. 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:

Non-certify: Acupuncture 12 visits neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, Acupuncture

Decision rationale: "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. Per medical notes dated 08/15/14, she complains of mid thoracic pain that has been ongoing in the past; it has recently flared with no new trauma. Provider is requesting additional 12 acupuncture treatments for neck pain. Requested visits exceed the quantity supported by cited guidelines. 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. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.