

Case Number:	CM14-0160699		
Date Assigned:	10/06/2014	Date of Injury:	05/03/2013
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Chiropractor & Acupuncturist, 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 69 year old female who reported neck and low back pain from injury sustained on 05/03/13 due to repetitive work as housekeeper. MRI of the lumbar spine revealed disc desiccation throughout the spine, reduced intervertebral disc height at L5-S1, hemangioma at L1, grade 2 Anterolisthesis at L5 over S1, fracture of pars interarticularis at L5 and L5-S1 diffuse disc protrusion. MRI of the cervical spine revealed straightening of cervical spine, multilevel disc desiccation and disc protrusion. MRI of the left foot was unremarkable. MRI of right knee revealed tricompartmental osteoarthritis and intrasubstance degeneration. MRI of the left knee revealed tricompartmental osteoarthritis, subchondral cyst formation within medial tibial plateau and intrasubstance degeneration. MRI of the left ankle revealed peroneus longus/brevis tenosynovitis, plantar fasciitis and calcaneal spurring. Patient is diagnosed with cervical spine disc protrusion, cervical spine sprain/strain, lumbar spine disc protrusion and lumbar spine sprain/strain. Patient has been treated with medication, physiotherapy and acupuncture. Per medical notes dated 04/08/14, patient complains of moderate aching neck pain with moderate burning low back pain, moderate achy right knee pain and weakness, moderate achy left knee pain, heaviness and weakness. Examination revealed decreased range of motion with tenderness to palpation of the paraspinal muscles. Per medical notes dated 07/08/14, provider requested acupuncture X6 for neck and low back pain. 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:

Acupuncture Treatment to the cervical and lumbar spine for 6 sessions, 1 x 6: 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. Per medical notes dated 07/08/14, provider requested acupuncture x6 for neck and low back pain. 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, 6 Acupuncture Treatments for cervical and lumbar spine are not medically necessary.