

Case Number:	CM14-0161988		
Date Assigned:	10/07/2014	Date of Injury:	03/01/2009
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 59-year-old male who reported pain in his neck, back and arm from an injury sustained on 04/01/2009. Patient states that on the day of the injury he was climbing up and down a ladder on the side of building carrying tools and other objects to repair an air conditioner. Per QME report dated 06/23/2013, there was an X-ray of the cervical spine on 11/28/2011 which revealed degenerative disk disease. An MRI of the cervical spine on 12/16/2011 revealed scattered cervical spondylosis at various levels and blunted bone marrow signal character with normalization at the level of the skull base and occipital calvarium. An X-ray of the right ankle on 05/10/2012 revealed a small calcaneal spur and Achilles' tendon enthesopathy as well scattered degenerative changes. An MRI of the lumbar spine on 01/07/2013 revealed scattered lumbar spondylosis worst on the right at the L4-5 level. Patient is diagnosed with neck sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, right shoulder sprain/strain, depression and insomnia. Patient has been treated with medication, physical therapy, chiropractic care, acupuncture, Toradol Injection, back brace, psychotherapy, lumbar epidural injection, ketorolac injection, C-ESI, TENS unit, right shoulder injection. Per notes dated 09/12/14, patient states their pain level currently in the back is 8/10 however, on average, it is 7/10. Upon examination, there was tenderness to palpation across the lower back. There is decreased ROM in flexion, extension, lateral flexion and rotation in the lumbar spine. There are positive impingement signs in the right shoulder as well as mild edema in the right ankle. Primary treating physician requested 12 visits, which were denied. Patient has had prior acupuncture treatments; however, there is no documented functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient has not had any long-term symptomatic or functional relief with acupuncture care. 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: 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 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 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 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. Additionally, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.