

Case Number:	CM14-0163057		
Date Assigned:	10/08/2014	Date of Injury:	09/07/2012
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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 49 year old male who reported neck and right shoulder pain from injury sustained on 09/07/12 while performing his usual and customary duties of being a plane mechanic. MRI of the cervical spine revealed 3mm disc protrusion at C5-6 with mild narrowing of neural foramina. Patient is diagnosed with cervical spine spondylosis at C5-6 and headaches. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per medical notes dated 05/13/14, patient reports no changes of symptoms, continues to have pain in the neck and right shoulder. Per medical notes dated 06/16/14, patient complains of neck and right shoulder pain with numbness and tingling of the right upper extremity. Per medical notes dated 08/08/14, patient complains of right shoulder pain, increased numbness. Patient stated he is having pain on the left shoulder blade. Patient has tried chiropractic and acupuncture without much improvement. Provider requested additional 6 acupuncture treatments of cervical spine. 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 for the cervical spine; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical 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 08/08/14, patient has tried chiropractic and acupuncture without much improvement. Patient has had 12 acupuncture treatments and provider is requesting additional 6 treatments for neck 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. 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, six (6) acupuncture treatments are not medically necessary.