

Case Number:	CM14-0185580		
Date Assigned:	11/13/2014	Date of Injury:	09/21/2004
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 57 year old male who reported neck, shoulder and low back pain from injury sustained on 09/21/04 while moving parts of a storage rack. X-rays of the lumbar spine revealed significant foraminal stenosis and narrowing at L5-S1 and L4-5 slightly narrowed. X-rays of the cervical spine revealed C5-6, C6-7 have spurs, collapse and disc space narrowing to substantial degree. MRI of the cervical spine revealed diffuse cervical spondylosis most pronounced at C5-6 and C6-7 where varying degree of moderate to severe neural foraminal stenosis. Patient is diagnosed with cervical sprain/strain, elbow epicondylitis, right shoulder greater than left impingement, COPD. Patient has been treated with medication, therapy and acupuncture. Per medical notes 07/30/14, patient complains of neck and bilateral shoulder pain; he has been attending acupuncture which has not been helping. Per medical notes dated 08/18/14, patient has had acupuncture treatment which didn't seem to help. Per medical notes dated 11/15/14, patient complains of neck, shoulder, low back pain with bilateral hand numbness, tingling and spasms. The request is for retrospective acupuncture treatment of unknown duration and frequency. Prior to administering the treatment, medical records fail to document functional deficits and functional goals. Medical notes document 12 acupuncture treatments administered between 07/17/14- 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture- unspecified (retrospective): 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". The request is for retrospective acupuncture treatment of unknown duration and frequency. Prior to administering the treatment, medical records fail to document functional deficits and functional goals. Medical notes document 12 acupuncture treatments administered between 07/17/14- 08/28/14. Per guidelines 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. Administered visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Additionally, acupuncture is used as an adjunct to physical rehabilitation; concurrent physical therapy treatments were not documented. Per medical notes dated 08/18/14, patient has had acupuncture treatments which didn't seem to help. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, the request is not medically necessary.