

Case Number:	CM14-0185696		
Date Assigned:	11/13/2014	Date of Injury:	04/11/2013
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
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 Acupuncture and Chiropractic 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 38 year old male who reported left hip, neck and low back pain from injury sustained on 04/11/13 while trying to break up a fight. X-rays of the cervical spine revealed straightening of normal cervical lordosis, degenerative changes with disc space narrowing and osteophyte at C5-6. MRI of the lumbar spine revealed 1-2mm disc bulge at L5-S1 with and mild disc height loss at L5-S1. Patient is diagnosed with cervical spine sprain/strain with underlying degenerative disc disease, lumbar spine radiculopathy and lumbar spine sprain/strain with underlying pathology. Patient has been treated with medication, physical therapy and home exercise program. Per medical notes dated 07/25/14, patient complains of on and off neck pain which radiates to the shoulder. Patient complains of low back pain which increases with movement. Per medical notes dated 09/19/14, patient complains of pain in the neck and upper back with intermittent numbness of the shoulder and arm. Pain increases with activity. Examination of the cervical spine revealed decreased range of motion and normal posture with no muscle spasms noted. Examination of the lumbar spine revealed bilateral hamstring tightness. Provider requested initial trial of 12 acupuncture treatments to decrease pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Therapy Sessions for the Cervical and Lumbar Spine 10/6/2014 and 11/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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 not had prior Acupuncture treatment. Provider is recommending initial trial of 12 acupuncture treatments for neck and low back. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition: 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, 12 Acupuncture visits are not medically necessary.