

Case Number:	CM14-0083102		
Date Assigned:	07/21/2014	Date of Injury:	02/04/2005
Decision Date:	11/20/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/4/05. A utilization review determination dated 5/19/14 recommended non certification for the requested acupuncture 2x/Week for 4 weeks to the cervical and lumbar spine stating that the patient has completed 6 acupuncture sessions from March 28, 2014 to April 28, 2014 with no evidence of symptomatic relief and functional improvements to warrant further acupuncture sessions. A progress report dated 4/14/14 indicates that the patient presented with complaints of neck and low back pain rated at 8-9/10. The patient reported radiation of pain with numbness and tingling along the lower extremities. The patient was having difficulty lying down and sleeping and complained of pain when raising her arms overhead. Objective findings indicate that the patient had 3+ tenderness with palpation over the paracervical muscles bilaterally with minimally decreased range of motion of the neck due to pain and spasm in all directions. Foraminal compression test is positive bilaterally. The lumbar exam indicated that the patient had 3+ hypertonicity with palpation over the paralumbar muscles bilaterally and range of motion is limited by pain and spasm in all directions. Minor sign is positive, Valsalva maneuver is present, Kemp's test is positive bilaterally and seated straight leg raise is positive at 45 degrees on the right and 50 degrees on the left. Diminished sensation is noted along the L5-S1 dermatome distribution to pinprick and light touch bilaterally. Diagnoses include: 1.Cervical disc syndrome 2.Cervical spine sprain/strain 3.Bilateral shoulder sprain/strain 4.Bilateral wrist sprain/strain 5.Lumbar disc disease6. Lumbar spine spondylosis 7.Lumbar radiculitis 8.Intractable pain 9.Chronic kidney disease. Treatment plan indicates that the patient is currently pending authorization for electromyogram/ nerve conduction test (EMG/NCV), MRI of the cervical and lumbar spine and pending pain management referral, course of acupuncture and chiropractic treatment have been requested, as well as re requesting a transcutaneous electrical nerve stimulation (TENS) unit and Lidoderm patches along with other topical

medications. A progress note dated 3/28/14 from [REDACTED] discusses patient's complaints of pain and treatment goals with acupuncture therapy. It is unclear if the patient completed acupuncture sessions at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 2x/Week for 4 Weeks (Cervical/ Lumbar Spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, there is no documentation of functional improvement from the previous sessions of acupuncture. If the patient has not undergone acupuncture previously, the current request exceeds the 6 visit trial recommended by guidelines. As such, the currently requested acupuncture is not medically necessary.