

Case Number:	CM14-0097247		
Date Assigned:	09/16/2014	Date of Injury:	07/12/2013
Decision Date:	10/15/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 32 year old female who reported back pain from injury sustained on 07/12/13 secondary to being assaulted by a patient. X-rays of cervical spine was unremarkable. X-rays of the right shoulder was unremarkable. Patient is diagnosed with thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 03/10/14, patient complains of frequent. Headaches, pain increases with anxiety feeling mostly at night. She complains of occasional neck pain, location in the right side, radiating to her right side. She has frequent right shoulder pain, which is localized. Pain is rated 4/10. Per medical notes dated 04/09/14, patient has had 6 acupuncture sessions and states that it did help to reduce her pain, increased functional capacity, help reduce the need of medication and facilitate ADLs. Patient states acupuncture has helped to reduce her radiculopathy; however, her pain has reoccurred and she continues to be symptomatic. Per medical notes dated 05/07/14, patient complains of neck pain radiating into upper extremity with numbness. She is also complaining of pain and spasms in the bilateral trapezius muscles. Provider is requesting additional 12 acupuncture treatments which were denied by the Utilization reviewer on 06/02/14 due to lack of functional improvement. 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: The Claims Administrator did not cite any medical evidence for its decision.

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 04/09/14, patient has had 6 acupuncture sessions and states that it did help to reduce her pain, increased functional capacity, help reduce the need of medication and facilitate ADLs. Patient states acupuncture has helped to reduce her radiculopathy; however, her pain has reoccurred and she continues to be symptomatic. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.