

Case Number:	CM14-0097487		
Date Assigned:	07/25/2014	Date of Injury:	04/10/2013
Decision Date:	10/21/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine 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 66-year-old female who was injured on 04/10/13. The mechanism of injury is not described in the submitted documentation. The injured worker complains of neck pain, which radiates to the bilateral upper extremities and is associated with numbness, tingling, and weakness. Clinical note dated 01/08/14 references an MRI of the cervical spine (date not supplied) which reportedly revealed virtual complete collapse at the C5 to C level. It is noted the claimant is declining cervical epidural steroid injections (ESIs) due to an adverse reaction to Cortisone. This note includes a request for 12 sessions of acupuncture for the cervical spine. It is noted the claimant has been paying for acupuncture out of pocket and reports improvement with pain and function. Clinical note dated 02/19/14 states authorization has been received for 3 sessions of acupuncture for the cervical spine. Clinical note dated 04/02/14 states the claimant completed three sessions of acupuncture and reports that this treatment helped to reduce her pain, increase her functional capacity, help reduce the need for taking oral pain medications, facilitate her activities of daily living, and also help reduce her headaches. It is noted the claimant's radiculopathy was reduced as well. This note states, "At this time, [the claimant's] pain has recurred and she continues to be symptomatic." Per this note, the claimant declines oral pain medications. A request for authorization of twelve sessions of Acupuncture for the Cervical Spine was on 05/21/14 and was subsequently denied by Utilization Review dated 06/03/14 citing lack of documentation of functional improvement after previous acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Cervical Spine x12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for twelve sessions of acupuncture for the cervical spine is not recommended as medically necessary. MTUS Acupuncture Medical Treatment Guidelines state, 'Acupuncture' is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. This guideline supports a trial of 3-6 sessions of acupuncture and states that treatments may be extended if functional improvement is documented. There is no acupuncture treatment notes submitted for review. Records state the injured worker obtained benefit with treatment; however, there is no objective information revealing the amount of relief or functional improvement obtained with acupuncture. Based on the clinical information provided, medical necessity of twelve sessions of acupuncture for the cervical spine is not established.