

Case Number:	CM14-0017117		
Date Assigned:	12/10/2014	Date of Injury:	11/01/2011
Decision Date:	01/15/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 53-year old female who reported neck pain from injury sustained on 11/01/11. On the day of injury, she had bent down from a sitting position to pick up a piece of paper; however, as she straightened up, she struck the left side of her head onto the wooden cabinet. Patient is diagnosed with cervical spondylosis; C5-6, C6-7 disc bulge. Patient has been treated with medication, therapy and extensive acupuncture. Per medical notes dated 09/12/13, patient complains of flare-up in neck stiffness and radicular pain resulting from additional activities at work and washing her car. Per utilization review, medical records documented temporary relief with prior acupuncture treatment. Per medical notes dated 12/26/13, patient complains of back, neck and shoulder pain rated at 5/10. Pain is aggravated with sitting and relieved by standing and walking. Provider requested additional 8 acupuncture treatments for cervical spine which were denied by the utilization review on 01/31/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 Sessions (2x4) Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per medical notes dated 09/12/13, patient complains of flare-up in neck stiffness and radicular pain resulting from additional activities at work and washing her car. Per utilization review, medical records documented temporary relief with prior acupuncture treatment. Provider is requesting additional 8 acupuncture treatments for cervical spine. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 or decrease in medication intake. Additionally requested visits exceed the quantity supported by cited guidelines. Furthermore, Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.