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| Case Number: | CM14-0140760 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 01/31/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 46 year old male with date of injury 01/31/2013. The treating physician report dated 08/13/2014 per the UR report dated 08/21/2014 (9) indicates that the patient presents with pain affecting the neck and back. The injury was described as the claimant "was injured when I went over the handle bars of my bike while I was riding while at work." Due to continued complaints, on 1/10/2014 the claimant changed treating providers and presented to the office of [REDACTED] complaining of neck, upper back, mid back, and lower back pain. An examination was performed and the claimant was diagnosed with cervical spine IVD syndrome, thoracic segmental dysfunction, and lumbar IVD syndrome. Prior treatment history includes an initial request for 12 acupuncture treatments. This was modified to certify 6 treatments. On 2/28/2014 a reevaluation was performed. The recommendation was for continued treatment at 2 times per week for 6 weeks followed by one time per week for 6 weeks. This request was modified to certify 6 additional treatments. On 6/2/2014 the claimant was reevaluated by [REDACTED]. The claimant noted a 70% overall improvement since initiating treatment. The recommendation was for 6 additional chiropractic treatments and 6 acupuncture treatments. To date claimant has received 24 chiropractic/physical therapy treatments and 18 acupuncture treatments. The current diagnosis is: 1. 721.0: cervical spondylosis without myelopathy. The utilization review report dated 08/21/14 denied the request for continued acupuncture 1 X 6 to cervical, thoracic and lumbar spine based on the most recent evaluation failing to reveal any quantifiable functional improvement as result of the most recently authorized course of 6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture 1 x 6 To Cervical, Thoracic and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting neck and back. The current request is for continued acupuncture 1 x 6 to cervical, thoracic and lumbar spine. The treating physician states claimant noted a 70% overall improvement since initiating treatment, prompting a recommendation for 6 additional chiropractic treatments and 6 acupuncture treatments, which were certified. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments. In this case, the treating physician has requested treatment to continue beyond the initial 18 sessions that were performed. However, the treating physician does not note any improvements with the most recent acupuncture treatment. The AMTG states, "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The current request is not medically necessary as there is no documentation of functional improvement in the records received.