

Case Number:	CM14-0211792		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2014
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 male who reports headaches, pain in his neck which radiates to his shoulders bilaterally and pain in his low back with radiation to the left leg resulting from a work related injury on 01/08/2014. Injured worker was operating a forklift when the machine malfunctioned causing him to bounce up and down in the forklift striking his head. Patient is diagnosed with disc herniation without myelopathy, Lumbar and Disc herniation without myelopathy, cervical. Per physician's notes dated 12/02/2014 patient states that when he moves his neck it cracks and it feels tired and he feels the same level of pain. He reports the same level of pain in the lumbosacral region with numbness radiating down to his ankles. Patient has been treated with medication, physical therapy, topical creams, chiropractic care and potential acupuncture. It is unclear based on the documents provided whether patient has received acupuncture. Primary treating physician requested 4 visits which were denied. It is unclear whether the patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits if administered. Patient hasn't had any long term symptomatic or functional relief with acupuncture care if administered. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and lumbar spine, 1 time a week for 4 weeks: Upheld

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

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". It is unclear whether patient has received prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits if administered. 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. Per review of evidence and guidelines, 4 additional visits are not medically necessary.