

Case Number:	CM14-0214285		
Date Assigned:	01/07/2015	Date of Injury:	07/05/2013
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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 57 year old female who reported neck, low back, shoulder, and wrist pain from injury sustained on 07/05/13 due to cumulative trauma. Patient is diagnosed with cervical spine, thoracic spine, lumbar spine sprain/strain; bilateral trigger fingers; bilateral wrist sprain; bilateral heel pain. Patient has been treated with medication, and therapy. Per medical notes dated 11/25/14, patient complains of on and off neck pain radiating downwards o shoulder; on and off shoulder pain radiating downwards to arm with numbness. She also complains of low back pain with numbness radiating to the finger; on and off right foot pain with sore and pressure; on and off left wrist pain. Examination revealed cervical spine tenderness and muscle spasms at levels C2-7; lumbar spine tenderness and muscle spasms at L1-5. Provider requested initial trial of 8 acupuncture treatments for neck and low back which were modified to 4 y the utilization review on 12/11/14. 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 2xWk x 4Wks for the Cervical 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: 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 not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments for neck and low back which were modified to 4 by the utilization review on 12/11/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.