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| Case Number: | CM14-0215237 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 04/01/2014 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 11/18/2014 |
| 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: 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 59 year old female with an injury date of 04/01/2014. Based on the 11/05/14 progress report provided by treating physician, the patient complains of cervical spine pain radiating to shoulders, lumbar spine pain radiating down the legs, pain in the right knee, radiating to the calf, and pain in the right ankle and foot. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral paraspinal muscles from C2-7 and bilateral suboccipital muscles. Axial compression, Distraction and Shoulder depression tests were positive bilaterally. Examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus muscles. Sensation to light touch was decreased on the L5 and S1 dermatomes. Per treater report dated 09/24/14, the patient has been prescribed Tramadol for pain with 2 refills, and has started home exercise program. Based on the progress report dated 07/09/14, the patient "... has completed 12 physical medicine, but failed to show significant functional improvement..." Per progress report dated 11/05/14, treater states patient "has completed 13 acupuncture sessions," which decreased pain "from 10.0 to 8.0." Treater states that "continuation of another 6 sessions of acupuncture is "appropriate and necessary," with the goals "to increase activities of daily living (ADLs), decrease work restrictions, decrease the need for medication, decrease pain and swelling, and increase range of motion." Patient is permanent and stationary. Diagnosis 11/05/14- Cervical disc herniation without myelopathy- Lumbar disc displacement with myelopathy- Sciatica- Tear of medial meniscus of the right knee- Thoracic sprain and strain- Medial epicondylitis of the right elbow- Lateral epicondylitis of the right elbow- Tendinitis and bursitis of the right hand and wrist- Right

ankle sprain and strain. The utilization review determination being challenged is dated 11/18/14. The rationale is "... there is insufficient information on the previous use of acupuncture, the number of visits, the outcome, and whether it is being used in conjunction with a physical therapy program as well as pain medication..." Treatment reports were provided from 05/07/14 - 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture quantity: 6 (continued acupuncture (for cervical and lumbar spine) 3 times a week times 2 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with cervical spine pain radiating to shoulders, lumbar spine pain radiating down the legs, pain in the right knee, radiating to the calf, and pain in the right ankle and foot. The request is for Acupuncture 6 sessions for cervical and lumbar spine at 3 times a week for 2 weeks. Patient's diagnosis on 11/05/14 included cervical disc herniation without myelopathy and lumbar disc displacement with myelopathy. Based on progress report dated 07/09/14, the patient "... has completed 12 physical medicine, but failed to show significant functional improvement..." Per treater report dated 09/24/14, the patient has been prescribed Tramadol for pain with 2 refills, and has started home exercise program. Patient is temporarily totally disabled. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 11/05/14, treater states patient "has completed 13 acupuncture sessions," which decreased pain "from 10.0 to 8.0." Treater states that "continuation of another 6 sessions of acupuncture is "appropriate and necessary," with the goals "to increase activities of daily living (ADLs), decrease work restrictions, decrease the need for medication, decrease pain and swelling, and increase range of motion." Though treater has indicated that there has been significant pain reduction, from 10/10 to 8/10, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) prior to extending additional treatments. Furthermore, patient has already exceeded number of visits recommended by guidelines. Therefore, the request is not medically necessary.