

Case Number:	CM14-0218663		
Date Assigned:	01/08/2015	Date of Injury:	06/10/2010
Decision Date:	03/05/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This 55 year old female sustained work related industrial injuries on June 10, 2010. The mechanism of injury involved lifting and moving a client causing injury to back. The injured worker subsequently complained of neck, back, knee and shoulder pain. The injured worker was diagnosed and treated for cervical radiculopathy with multilevel disc protrusions, left shoulder tendinitis/bursitis, lumbar radiculopathy, and knee tendinitis/ bursitis. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated November 18, 2014, the injured worker complained of continued neck pain and spasm radiating into the bilateral trapezius muscles and upper extremities. The injured worker also complained of burning pain in the left trapezius muscle and continued lower back pain radiating into the bilateral lower extremities with numbness in weakness, greater on the left. Physical exam revealed spasm and tenderness in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion on flexion and extension. Bilaterally decreased sensation was noted over the C6 and L5 dermatomes. The injured worker ambulated with antalgic gait and had weakness with toe heel walking on the left side. The provider recommended acupuncture sessions to reduce her pain and increase range of motion and functioning. As of November 18, 2014, the injured worker remains on modified work duties. The treating physician prescribed services for outpatient acupuncture 3 times a week for 4 weeks to the cervical and lumbar now under review. On December 22, 2014, the Utilization Review (UR) evaluated the prescription for outpatient acupuncture 3 times a week for 4 weeks to the cervical and lumbar requested on December 8, 2014. Upon review of the

clinical information, UR modified the request to six sessions of outpatient acupuncture to the cervical and lumbar, between December 22, 2014 - March 22, 2015 based on the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture 3 times a week 4 weeks to the cervical lumbar: 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 12 acupuncture treatments which were modified to 6 by the utilization review. 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, 12 Acupuncture visits are not medically necessary.