

Case Number:	CM15-0001316		
Date Assigned:	01/07/2015	Date of Injury:	05/27/2009
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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 50 year old male sustained a work related injury on 05/27/2009. According to a progress report dated 11/18/2014 the injured worker complained of lower back pain that was rated a 7 on a scale of 0-10. The pain was flared up from the day prior to exam and was described as sharp intermittent pain. Neck pain was rated 8 on a scale of 0-10 and was described as a dull achy pain, constant and tight. Pain was worse with movement and improved with rest. Diagnoses included cervical strain, degenerative disc disease cervical spine, multi-level disc herniations cervical spine, radiculitis left upper extremity, bilateral shoulder impingement syndrome resolved, bilateral shoulder AC joint synovitis, rule out carpal tunnel syndrome, low back pain, herniated discs lumbar spine, radiculitis left lower extremity L4 nerve root distribution and high cholesterol and high glucose. Treatment plan included Lumbar epidural steroid injections to alleviate his intractable pain and radiculopathy. Medications were refilled and a referral was made for pain management consultation. The provider noted that the injured worker should be limited to semi sedentary work with no driving. Work status was permanent and stationary. There was no mention of previous acupuncture treatments in the documentation provided. On 12/10/2014, Utilization Review non-certified Acupuncture x 6 Sessions Cervical Spine and Acupuncture x 6 Sessions Lumbar Spine. According to the Utilization Review physician, in regards to acupuncture of the cervical spine, the records reflected that a course of acupuncture treatment had been completed in June 2014, but there was no narrative explaining the efficacy of the treatment at that time. It was also noted that the symptoms were unchanged and the physical examination was identical on 3 separate visits. In regards to Acupuncture of the lumbar spine,

there was limited documentation submitted outlining measurable clinical gains and timing of prior care. Guidelines cited for this review included CA MTUS Acupuncture Medical Treatment Guidelines. The 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 times 6 sessions, Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per utilization review, patient has had prior acupuncture treatment. Provider requested 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.

Acupuncture times 6 sessions, 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 utilization review, patient has had prior acupuncture treatment. Provider requested 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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, 6 acupuncture treatments are not medically necessary.

