

Case Number:	CM15-0035376		
Date Assigned:	03/03/2015	Date of Injury:	09/21/2009
Decision Date:	05/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 09/21/2009. The initial complaints or symptoms included neck pain as a result of a rear-end collision from behind. The injured worker was diagnosed as having whiplash. Treatment to date has included conservative care, medications, x-rays, MRIs, chiropractic treatments, Toradol injections, cervical epidural steroid injections, 2 cervical surgeries, physical therapy, and 14 sessions of acupuncture. Currently, the injured worker complains of bilateral neck pain with radiation into both upper extremities, headaches, low back pain, and difficulty sleeping. At the time of the request, the injured worker had completed 14 sessions of acupuncture. The injured worker reported that treatments were helping, but the pain never really goes away. The diagnoses include stenosis of the cervical spine, and cervical radiculitis. The treatment plan consisted of 8 sessions of acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with neck pain. The request is for Acupuncture two times a week for Four Weeks for the Cervical Spine. Physical examination to the cervical spine on 11/10/14 revealed mild paraspinous spasm. Range of motion was decreased in all planes. Patient has had acupuncture treatments with benefits. Per 01/23/15 progress report, patient's diagnosis includes cervical stenosis and cervical radiculopathy. Patient's work status, per 01/23/15 progress report is modified duties. 9792.24.1. 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)."Functional Improvement is defined in labor code 9792.20(e) as follows: "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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In progress report dated 01/23/15, treater states that the patient would benefit from acupuncture to resolve some of the spasm he has been feeling. Given the patient's condition, a short course of acupuncture would be appropriate. However, in review of the medical records provided, the patient has already completed 14 sessions of acupuncture treatments. There is no documentation of functional improvement as defined by the labor code 9792.20(e). After the initial trial of acupuncture, and for additional treatments, functional improvement must be documented. The request is not medically necessary.