

Case Number:	CM13-0003668		
Date Assigned:	06/06/2014	Date of Injury:	10/01/2001
Decision Date:	07/28/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 69 year old employee with date of injury of 10/01/2001. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, chronic right C6 radiculopathy, bilateral shoulder pain, osteoarthritis of bilateral knees, venous insufficiency, gastroesophageal reflux. Subjective complaints include headaches, although he believes the acupuncture brings the pain down from a 10/10 to as low as 6.5/10. He is able to sleep about 1-1/2 hours more and less pain complaints when on acupuncture. Objective findings include: Lower extremities are less angry and red and less venous insufficiency appreciated; range of motion of the shoulder is still noted but but seems to be improved due to less pain in the arc but still end-range limitations; straight leg raise was negative; straight leg raise negative and medical joint line pain in the right knee. There are no new impingement signs and no worsening of radiculopathy. His lower extremities no longer have cellulitic appearance. Treatment has included acupuncture, home exercise, Voltaren gel, Cymbalta, Amrix, Limbrel, Mobec and Mirapex The utilization review determination was rendered on 7/18/2013 recommending non-certification of Acupuncture; Twenty (20) Visits (Twice A Week (2x) For Ten (10) Weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; twenty (20) visits (twice a week (2x) for ten (10) weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. Additionally, the request for 20 initial sessions is in excess of the recommended trial by ODG. As such, the request for acupuncture for Acupuncture; Twenty (20) Visits (Twice A Week (2x) For Ten (10) Weeks) is not medically necessary.