

Case Number:	CM13-0005221		
Date Assigned:	06/06/2014	Date of Injury:	01/08/2013
Decision Date:	12/02/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/30/2013

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 Licensed in Acupuncturist and is licensed to practice in Florida. 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:

The patient is a 66-year-old female who sustained an industrial injury on 1/8/13. The mechanism of the injury is prolonged sitting, squatting and repetitive work in a chair. She has previously been diagnosed with Lumbar muscle strain, spasms and radiculitis; and DJD. The patient has received 6 acupuncture treatments, trigger point injection therapy, PT and chiropractic care. She has been prescribed Norflex and Lodine. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested 6 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2 TIMES A WEEK X 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator based their decision based on MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 66-year-old female who sustained an industrial injury on January 8, 2013. The mechanism of the injury is prolonged sitting, squatting and repetitive

motion in a chair. The patient injured her low back and the records suggest that she also complains of lower extremity weakness. She has received acupuncture, PT and chiropractic care. She also received medications and trigger point injection therapy. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The objective findings from the provider are unknown. Subjective findings suggest that the patient received benefit from the previous acupuncture treatments. Therefore, the request for 6 Additional Acupuncture Treatments is not medically necessary.