

Case Number:	CM13-0009799		
Date Assigned:	09/20/2013	Date of Injury:	01/17/2011
Decision Date:	02/06/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 32 year old female with a date of injury 01/17/2011. Utilization Review (UR) letter dated 07/26/2013 recommends denial of additional Acupuncture sessions. Patient has diagnoses of muscle spasm, lumbago, cervicgia, facet arthropathy, radiculopathy, sacroilitis and left UE and LE neuralgia. According to report date 07/12/2013, patient presents with LBP. Pain is described as cramping, penetrating, pulsing, throbbing, shooting, pricking, radiating, tender, tingling and numb. Pain is localized to left side of neck into left trapezius and also in left lower lumbar spine. Patient reports acupuncture helps and would like more sessions. [REDACTED] requests 24 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one (1) time a week for twenty-four (24) weeks Bilateral Cervical Spine, Bilateral Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with lower back and neck pain. According to report dated 07/12/2013, patient has found "some benefit with acupuncture and would like more sessions". Treater is requesting 24 acupuncture sessions. Medical records indicate that prior acupuncture treatments have been received as noted in QME reports dated 04/24/2013 and 09/06/2013, however the exact number of treatments and the functional improvement, if any, were not provided for review. MTUS for acupuncture pg 8 recommends acupuncture for pain, suffering and the Restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Documentation of clinically significant improvement of ADL or reduction in work restrictions AND decreased dependency on medical treatments were not provided to warrant additional Acupuncture. "Some benefit" does not constitute functional improvement. Recommendation is for denial.