

Case Number:	CM13-0012406		
Date Assigned:	12/11/2013	Date of Injury:	09/26/2008
Decision Date:	03/21/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

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 Family Practice 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 34-year-old female who reported injury on 09/26/2008. The mechanism of injury was noted to be, the patient was getting up from a sitting position when she felt a pop in her hip. The patient had upper back pain that was dull, sharp, and constant 6/10 to 7/10, worse with prolonged sitting, and better with rest, medication, and massage. The pain was noted to radiate to her neck. The patient's pain in the left hip was noted to be dull and sharp, occasionally 8/10 to 9/10; occurring 3 to 4 times a day, lasting a few days; better with massage, exercise, ice, and medication; and the pain was noted to radiated down the patient's left side and the patient had occasional numbness in the left leg. The patient's deep tendon reflexes were noted to be 2+, and sensation was noted to be diminished in the entire left leg. The patient has pain to palpation in the left gluteus medius and left tensor fascia lata and thoracic back. The request was made for acupuncture 1 time a week for 10 weeks for the back and left hip. The patient's diagnoses were noted to include lumbar strain and left sacroiliac pain and left hip and leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the back and left hip (10 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated, and is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. There was a lack of documentation that the patient's pain medication was reduced or not tolerated and that the acupuncture would be used as an adjunct to physical rehabilitation. The request for acupuncture 1 time a week for 10 weeks would be excessive, as the time to produce functional improvement is 3 to 6 treatments. Given the above and the lack of documentation, the request for acupuncture 1 x per week for 10 weeks for the back and left hip is not medically necessary.