

Case Number:	CM13-0015472		
Date Assigned:	10/08/2013	Date of Injury:	09/25/2006
Decision Date:	02/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/22/2013

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 PM&R, 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:

This female sustained an injury on 9/25/06 while employed by [REDACTED]. Request under consideration include Acupuncture Sessions once a week for 12 weeks for the cervical and lumbar spine. Diagnoses include Post-laminectomy syndrome, lumbosacral radiculitis, atlanto-occipital sprain/strain, and trochanteric bursitis. Report on 7/29/13 from [REDACTED]. [REDACTED] noted the patient with pain complaints over the right neck and low back, moderate in nature. Exam revealed diffuse tenderness over the cervical and lumbar spine; Range in flexion of lumbar to 24 inches from floor, 25 degrees extension, lateral flexion, and 30 degrees rotation. Treatment plan had included continued medications and acupuncture sessions. There is a report dated 3/25/13 from [REDACTED] indicating the patient had acupuncture sessions, which is quite beneficial to allow for gainful employment. Exam showed minimal tenderness over the suboccipital and left sacroiliac spine. Treatment was medications, injections to the SI joint and atlanto-occipital joint, and additional acupuncture. Report of 4/1/13 indicates acupuncture appears to be helping with goal to utilize acupuncture only and avoid any further injections. On 8/6/13, request for additional acupuncture was non-certified, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions once a week for 12 weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: This female sustained an injury on 9/25/06 while employed by [REDACTED]. Request under consideration include Acupuncture Sessions once a week for 12 weeks for the cervical and lumbar spine. Diagnoses include Post-laminectomy syndrome, lumbosacral radiculitis, atlanto-occipital sprain/strain, and trochanteric bursitis. Report on 7/29/13 from [REDACTED] noted the patient with pain complaints over the right neck and low back, moderate in nature. Exam revealed diffuse tenderness over the cervical and lumbar spine; Range in flexion of lumbar to 24 inches from floor, 25 degrees extension, lateral flexion, and 30 degrees rotation. Treatment plan had included continued medications and acupuncture sessions. Reports dated 3/25/13 and 4/1/13 also showed diffuse tenderness with treatment for medications, injections, and acupuncture. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this 2006 injury. Submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions as there are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage as the patient continues on Tramadol, Flector, and Celebrex. Acupuncture Sessions once a week for 12 weeks for the cervical and lumbar spine is not medically necessary and appropriate.