

Case Number:	CM13-0019881		
Date Assigned:	03/19/2014	Date of Injury:	12/14/2012
Decision Date:	05/27/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 35-year-old male with a 12/14/12 date of injury. At the time (6/28/13) of request for authorization for acupuncture quantity eight, there is documentation of subjective (neck and low back pain, left lower extremity numbness and tingling in the calf, and weakness in the left hand) and objective (decreased range of motion in the lumbar and cervical spine and positive Hoffman's bilaterally) findings, current diagnoses (herniated nucleus pulposus of the cervical and lumbar spine, cervical and lumbar radiculopathy, cervicogenic headaches, and facet arthropathy), and treatment to date (physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QUANTITY EIGHT: 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, Acupuncture.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identify that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. The Official Disability Guidelines identify an initial trial of 3-4 visits over two weeks, with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the cervical and lumbar spine, cervical and lumbar radiculopathy, cervicogenic headaches, and facet arthropathy. In addition, given documentation of subjective (neck and low back pain, left lower extremity numbness and tingling in the calf, and weakness in the left hand) and objective (decreased range of motion in the lumbar and cervical spine and positive Hoffman's bilaterally) findings, there is documentation of functional deficits and functional goals. However, the requested acupuncture quantity of eight sessions exceeds the guidelines for an initial trial. Therefore, based on the guidelines and a review of the evidence, the requested eight sessions of acupuncture are not medically necessary.