

Case Number:	CM13-0021152		
Date Assigned:	10/03/2013	Date of Injury:	11/02/2012
Decision Date:	01/29/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

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, 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 sustained an injury on 11/2/12 while employed by [REDACTED]. Per the report from [REDACTED] dated 7/17/13, the patient complained of headaches, dizziness relieved with Lodine, increased thoracic spine pain which made sleep difficult, and low back pain that radiated to both legs with numbness and tingling. Functional change has improved, but slower than expected. The patient has stress, anxiety, and depression. The exam has vital signs and checked boxes indicating cognition within normal limits. The patient was well-nourished, had erect posture and gait within normal limits. He moves about without difficulty and does not use any assistive device for ambulation. Diagnoses included unspecified head injury, thoracic sprain/strain, right rib contusion, and low back pain. His treatment plan included acupuncture, Lodine, and topical compounded Cyclobenzaprine-Ketoprofen-lidocaine-ultra cream with refill. Medical treatment thus far has included at least 21 chiropractic sessions, and medications. The x-ray report dated 4/10/13 noted mild lumbar spondylosis; otherwise unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture for the lumbar/thoracic spine three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The records from the most recent clinical exam show no physical or neurological impairments to support for treatment with acupuncture. The patient has completed at least 21 sessions of chiropractic care without functional improvement. There are no clear specific documented goals or objective measures identified for this patient, so that functional restoration may be monitored and ongoing chronic pain complaints may be alleviated. The Acupuncture Guidelines recommend an initial trial of 3-6 treatments; more may be added upon evidence of objective functional improvement. Submitted reports have not demonstrated support for this request; therefore, it is not medically necessary and appropriate.