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| Case Number: | CM13-0029544 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 09/26/2007 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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:

The patient is a 57-year-old female who reported an injury on 09/26/2007 due to repetitive motion while performing her job duties. She is reported to have developed pain as well as numbness in her bilateral hands. A clinical note signed by [REDACTED] dated 07/01/2013 reported the patient had been involved in multiple job related injuries involving her neck, hands, wrists, thumbs, mid and low back, right knee, and both hips. She is reported to continue to complain of low back pain on that date and on evaluation there was tenderness to palpation over the bilateral paravertebral musculature of the thoracic and lumbar spine with tenderness to palpation over the intrascapular musculature with hypertonicity, tenderness to palpation over the left SI joint, positive SI stress test on the left for increased pain, range of motion of the lumbar spine was decreased with flexion of 50, extension of 16, right side bending of 17, and left side bending of 14 degrees. Neurologically, the patient's bilateral lower extremities were intact. The patient is noted to have been authorized for a trial of 6 sessions of acupuncture. On 08/27/2013, a clinical note signed by [REDACTED] reported the patient stated her symptoms had improved somewhat with acupuncture treatment stating she could do more ADLs with less pain and on examination she continued to have tender paraspinals with slight spasm, and guarding, and decreased range of motion, positive straight leg raise on the left, and decreased sensation in the left L4 and L5 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, two (2) times a week for three (3) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 57-year-old female who reported an injury on 09/26/2007, reportedly due to repetitive trauma performing her job duties. She is noted to have been initially evaluated by [REDACTED] on 07/01/2013 with ongoing complaints of low back pain and is noted to have tenderness to palpation over the bilateral paravertebral muscles and intrascapular muscles with spasms, and positive tenderness over the left SI joint with positive SI stress test on the left with decreased range of motion. She was reported at that time to be neurovascularly intact, 6 sessions of acupuncture were certified, and a clinical note dated 08/27/2013 signed by [REDACTED] reported the patient stated her symptoms had improved somewhat with acupuncture and she could do more ADLs but she continued to have tenderness over the paraspinals with slight spasms, guarding, and decreased range of motion of the thoracolumbar spine and she was noted at the time to have a positive straight leg raise on the left and decreased sensation in the L4 and L5 dermatomes. The California MTUS Guidelines recommend a trial of 6 sessions of acupuncture and additional acupuncture with documentation of functional improvement either with clinically significant improvement in activities of daily living or a reduction of work restrictions, and a reduction in dependence on continued medical treatment. The patient is noted to have a slight improvement with the ability to perform more ADLs with less pain but there are no specific examples of the ADLs that the patient is reported to be able to perform and there is no documentation of significant improvement in functional activities or range of motion or strength or reduction in use of pain medications. As such, the request for additional acupuncture does not meet guideline recommendations. Based on the above, the additional acupuncture 2 times a week for 3 weeks; RFA date 08/27/2013 is non-certified.