

Case Number:	CM13-0030252		
Date Assigned:	11/27/2013	Date of Injury:	10/05/2011
Decision Date:	02/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

A 54-year-old female with date of injury 10/05/2011. The request for 12 sessions of acupuncture treatments were denied by utilization review letter 08/22/2013. The rationale really does not say much other than listing the MTUS. [REDACTED]' treating report, 08/12/2013, shows that the patient has left knee pain that is improved but feels the same. Currently, the patient is taking same medications and off of work. Recommendation was to continue acupuncture. There is also a report from 06/11/2013 but it starts on page 4 with chief complaints of low back and left knee pain and a motor vehicle accident from 1982 from which she recovered fully. There are some reports from a chiropractic treater as well, and trials of extracorporeal shockwave procedures and operative report from 01/05/2013 for the left knee diagnostic arthroscopy. This appears to review of medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic low back pain. Unfortunately, only some medical reports were included for my reviewing. This included 07/18/2013, 08/12/2013 reports by [REDACTED], an incomplete medical records review from 06/11/2013. There is an acupuncture report 09/30/2013. The request for acupuncture was denied by utilization review but the utilization reviewer did not provide any specific discussion other than stating the MTUS Guidelines. Based on the reports available, I am unable to tell whether not the patient has had acupuncture treatments in the past. Of the reports provided for my review, the medical records review from 06/11/2013 do not make any reference to acupuncture treatments tried but this report was incomplete as it started on page 4. MTUS Guidelines allow up to 3 to 6 sessions trial and additional treatments if improvement is noted. In this patient, without prior trial of acupuncture treatments, the requested 12 sessions of acupuncture exceeds what is allowed by MTUS Guidelines for initial trial. Recommendation is for denial.