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| Case Number: | CM13-0038076 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/11/2001 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Internal Medicine has a subspecialty in Cardiology 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 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 is a 59-year-old female who reported an injury on 02/24/2003 due to cumulative trauma while performing normal job duties. The patient reportedly developed low back pain with radiation into the left lower extremity which interfered with the patient's ability to participate in activities of daily living. The patient reported that her medications (pain?) were not adequately managed with medications. The patient's most recent clinical examination findings included decrease range of motion by 70% with flexion, 80% with extension, and 60% with bilateral rotation, a positive straight leg raising test, and decreased motor strength of the left foot dorsiflexion and decreased sensation to light touch in the left lateral calf. The patient's diagnoses included low back pain with radiculopathy. The patient's treatment plan included acupuncture and the purchase of an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has persistent low back pain radiating into the left lower extremity that has been nonresponsive to conservative treatments and medication. However, California MTUS recommends acupuncture as an adjunct therapy to an active treatment. The clinical documentation submitted for review does not provide any evidence that the patient is participating in any form of active therapy that would benefit from the addition of acupuncture. Additionally, California MTUS recommends a 4 to 6 visit clinical trial to establish the efficacy of that treatment modality. It is noted within the documentation that the patient was previously approved for acupuncture; however, was unable to attend treatment due to transportation issues. However, the request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for twelve acupuncture treatment is not medically necessary and appropriate.