

Case Number:	CM13-0042547		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2010
Decision Date:	02/21/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 licensed in Chiropractic, has a subspecialty in Acupuncture 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:

The patient is a 66-year-old male with a date of injury of 7/27/2010. According to the letter dated 8/26/2013, the provider stated that the patient had excellent response to the cortisone injection. His lateral epicondylitis and right hand tendinitis has resolved. He still has pain in the distal triceps region. The patient continues to complain of low back pain and denies radicular symptoms including pain, numbness or tingling, weakness, or bowel and bladder dysfunction. Physical examination of the elbow revealed full range of motion, non tender lateral epicondyle, no palpable defect, strength is intact, and tenderness at the distal triceps. Lumbar exam revealed tenderness and spasms in the lumbar paravertebral spinal musculature, intact sensory and motor function test, and negative straight leg test. The patient was diagnosed with lumbar strain and left trapezial strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). There was no record of acupuncture treatment prior to 8/26/2013. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for acupuncture 2 times a week for 4 weeks exceeds the guidelines recommendation of visits for acupuncture trial. Therefore the provider's request for 8 acupuncture sessions is not medically necessary at this time.