

Case Number:	CM13-0042698		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2009
Decision Date:	04/18/2014	UR Denial Date:	10/02/2013
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 Board Licensed in Chiropractics, 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 injured worker is a 62-year-old male who reported neck, bilateral shoulder and low back pain from injury sustained on 09/15/09. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient was diagnosed with cervical, thoracic strain/ Arthrosis with central and foraminal stenosis; doubt significant bilateral shoulder pathology; lumbosacral strain/ Arthrosis with lateral recess at L2-3, L3-4, and L4-5. Patient was treated with medication and physical therapy and is holding off on steroid injection. Per notes dated 08/29/13, patient complaints of bilateral shoulder pain that occurs constantly and low back pain that radiates to the posterior bilateral thighs. Per supplemental report dated 10/17/13, "In regards to acupuncture, the patient has never had this; the information provided to the review is inadequate; patient is working on a home exercise program". Per supplemental report patient has not had prior acupuncture care and the treating physician is requesting 2x3 acupuncture sessions, which per guidelines is a reasonable request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE TWO TIMES A WEEK FOR THREE WEEKS:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior acupuncture treatment. Per guidelines, 3-6 treatments are sufficient for initial course of acupuncture. Per supplemental report dated 10/17/13, "In regards to acupuncture, the patient has never had this; the information provided to the review is inadequate; patient is working on a home exercise program". Utilization reviewer denied the request due to lack of functional improvement with prior acupuncture care, however per supplement report he has not had any prior acupuncture care. Primary treating physician is requesting 2x3 visits, which are reasonable and are supported by above-mentioned guidelines therefore, 6 acupuncture visits are medically necessary.