

Case Number:	CM13-0043701		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2012
Decision Date:	12/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 female who reported neck, mid-back and low back pain from injury sustained on 07/23/12. The patient was driving a forklift when another employee rammed her in the back with another forklift. There were no diagnostic imaging reports. The patient is diagnosed with low back pain, mid back pain and neck pain. The patient has been treated with medication, therapy and acupuncture. Per medical notes dated 09/10/13, patient complains of neck, mid-back and low back pain. The patient completed 6 sessions of acupuncture, she reports that this treatment has helped. Overall, she rated her pain to be 7/10 with no new radiation, numbness or tingling. The provider requested additional 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six (6) treatments of Acupuncture: Upheld

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 had prior acupuncture treatment. Per medical notes dated 09/10/13, patient completed 6 sessions of acupuncture, she reports this treatment has helped. Overall, she rates her pain to be 7/10. The provider requested additional 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.