

Case Number:	CM13-0044945		
Date Assigned:	12/27/2013	Date of Injury:	03/06/2009
Decision Date:	03/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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, 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:

The patient is a 59-year-old female who reported an injury on 03/06/2009. The exact mechanism of injury was not provided. The patient was noted to have decreased range of motion of the lumbosacral spine. The patient was noted to have tenderness and spasm over the paracervical area and trapezius muscles bilaterally. The patient's range of motion was noted to be decreased in the cervical spine as well. The diagnosis was noted to include cervical spine sprain/strain and status post lumbar surgery in 12/2009, as well as lumbar spine sprain/strain and L5 radiculopathy per electromyogram (EMG). The request was made for 8 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 8 acupuncture visits, 2 times/week for 4 weeks between 9/5/2013 and 11/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be

used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The clinical documentation submitted for review failed to provide the patient had pain medication that was reduced or not tolerated and failed to indicate the patient would be using the acupuncture as an adjunct to physical rehabilitation. The clinical documentation additionally failed to indicate whether the patient had been treated with acupuncture previously and there was a lack of documentation indicating the functional benefit received as well as the number of sessions. The request as submitted failed to indicate the body part the acupuncture was being requested for. Given the lack of documentation of previous acupuncture treatments and the patient's objective functional response to those treatments, as well as the indication of the body part the acupuncture was requested for, the request for Prospective request for 8 acupuncture visits, 2 times/week for 4 weeks between 9/5/2013 and 11/18/2013 is not medically necessary.