

Case Number:	CM13-0044959		
Date Assigned:	06/09/2014	Date of Injury:	12/29/2010
Decision Date:	11/14/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, 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 49-year-old female who sustained an injury to her neck on 12/29/10. The mechanism of injury was not documented. Previous treatment has included medications, physical therapy, transcutaneous electrical nerve stimulation (tens) unit and previous acupuncture which helped. Physical examination noted antalgic gait; straightening of the lumbar spine and cervical spine; tenderness on the cervical spine, right trapezius muscle and lumbar spine; tenderness of the bilateral paraspinal muscles in the right SI joint; lumbar flexion 0 due to tenderness, injured worker was unable to perform extension due to pain. Deep tendon reflexes 1+ bilaterally at patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR SIX WEEKS CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two times a week time six weeks for the cervical/lumbar spine is not medically necessary. The previous request was denied on the basis

that although the submitted records indicate that previous acupuncture treatment helped, actual positive functional status change resulting from previous treatments was not demonstrated. The number of previous acupuncture visits the injured worker has completed was not provided. The CAMTUS recommends up to 1-3 treatments per week times 1 to 2 months. Acupuncture treatment may be extended if functional improvements are documented. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of acupuncture therapy visits. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Given the clinical documentation submitted for review, medical necessity of the request for acupuncture two times a week times six weeks for the cervical/ lumbar spine has not been established.