

Case Number:	CM13-0052076		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2001
Decision Date:	03/10/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Medicine and is licensed to practice in Arizona. 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 67-year-old female with a date of injury on 11/17/01. The patient has been treated for ongoing symptoms in the bilateral knees, neck, and lower back. The diagnoses include cervical and lumbar degenerative disc disease and spondylosis, thoracic pain, chronic knee pain, lower back pain, and muscle spasm. The patient's subjective complaints are of low back and ankle pain. It was noted that the pain was 4-7/10 in the back, shoulders, knees and left ankle. Physical exam shows pain to palpation to the lumbar paraspinal muscles, and tenderness at the left ankle. It was noted that acupuncture had been beneficial. Previous treatments have included chiropractic and acupuncture (4 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM Guidelines indicate that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. The Acupuncture Medical Treatment Guidelines indicate that time to produce functional improvement is between three to six (3-6) visits. The Official Disability Guidelines indicate that an initial trial of three to four (3-4) visits, that can be extended if evidence of objective functional improvement is documented. This patient has received previous acupuncture, and there is no submitted documentation that demonstrates objective functional improvement, improved activities of daily living, reduction in medications, or reduction in work restrictions. Therefore the medical necessity of eight (8) additional acupuncture treatments is not established.