

Case Number:	CM13-0052628		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2003
Decision Date:	04/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 claimant is a 62 year old male who sustained a work related injury on 3/5/2003. The claimant has had acupuncture in the past. It is unclear how many prior sessions have been rendered. He had at least 4 acupuncture sessions around 2/28/12. He also had 4 additional sessions after 7/11/2013. He also had acupuncture sessions between 12/18/12 and 1/22/2013. Other prior treatment includes oral medication. Claimant has bilateral upper extremity symptoms including numbness. Diagnoses include carpal tunnel syndrome, lumbosacral disc degeneration, pain in limb and spasm of muscle. There is documentation of low back pain in 3/2013. There is no recent PR-2 or exam found documenting subjective or objective findings regarding the lower back or of functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ACUPUNCTURE TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. The

provider failed to document functional improvement associated with the patient's most recent four acupuncture visits in July 2013. There was functional improvement with prior sessions in 2012 and early 2013, but no functional improvement has been documented for the most recent set of treatments. Also, there is no recent examination or documentation of functional deficits that need to be addressed by acupuncture. Therefore with no documentation of functional deficits or of functional improvement from the prior acupuncture, there is no medical necessity for 8 further acupuncture sessions. The request is not medically necessary and appropriate.