

Case Number:	CM13-0055571		
Date Assigned:	12/30/2013	Date of Injury:	12/16/1999
Decision Date:	03/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 12/16/1999. The mechanism of injury was not provided. The patient was noted to have prior acupuncture sessions. The documentation provided for additional review dated 11/26/2013 revealed the patient had proceeded with acupuncture and had an increased range of motion of the lumbar spine. The patient was noted to have greater than 40% increase intolerance to standing and walking. The patient's activities of daily living were noted to be maintained with acupuncture. Additionally, it was indicated the acupuncture facilitated between 50% to 70% diminution in the pain in the lumbar spine and the lower extremity radicular pain component. The patient was able to taper medications include Norco, Soma, and Flector patches with acupuncture. The request was made for 12 sessions of acupuncture. The patient's diagnoses were noted to be facet osteoarthopathy, annular tear, protrusion of L3-4 with foraminal narrowing, and protrusion 6 mm at L3-4 and 3 mm at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or reduction in work restrictions. The clinical documentation submitted for review failed to indicate the patient would be using the acupuncture as an adjunct to physical rehabilitation. It was indicated the patient had a greater than 40% increase in tolerance to standing and walking as well. However, there was a lack of documentation of objectification indicating functional improvement and there is a lack of documentation indicating the patient had a necessity for 12 additional sessions. The clinical documentation submitted for review failed to indicate the body part the acupuncture would be treating. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for acupuncture twice a week for 6 weeks is not medically necessary.