

Case Number:	CM13-0057160		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2011
Decision Date:	05/05/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 licensed in Chiropractic Services, has a subspecialty 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 patient is a 62 year old female with a date of injury of 5/20/2011. According to the acupuncture progress report dated 10/21/2013, the patient complained of neck, low back, and knee pain. The patient reported of having cataract eye surgery and was unable to lay facedown. The patient reported that her low back pain has decreased with continued acupuncture treatment. Significant objective findings included positive trigger points throughout cervical and lumbar musculature. The patient's range of motion in the cervical spine and lumbar spine were limited. The patient was diagnosed with cervical sprain/strain, whiplash, lumbar sprain/strain, and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE TO THE CERVICAL SPINE, LUMBAR SPINE, AND BILATERAL KNEES, ONE (1) TIME PER WEEK FOR EIGHT (8) WEEKS AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Guidelines states that acupuncture may be extended if there is documentation of functional improvement. There were 12 documented acupuncture sessions from 2/25/2013 to 10/21/2013. The acupuncture provider noted that the patient's low back pain decreased with continued acupuncture treatment per progress report dated 10/21/2013. However, there was no documentation of functional improvement. In addition, according to the progress report dated 10/24/2013, the provider noted that there were no significant changes in the physical exam since last office visit. Based on the lack of functional improvement, the provider's request for additional acupuncture once per week for 8 weeks is not medically necessary at this time.