

Case Number:	CM13-0064685		
Date Assigned:	01/03/2014	Date of Injury:	11/19/2002
Decision Date:	03/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation 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 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:

This 51 year old female [REDACTED] sustained an injury on 11/19/02 while employed by [REDACTED]. Request under consideration include Acupuncture sessions, QTY: 12. Report of 11/5/13 from the provider noted patient with complaints of low back and neck pain rated at 5-6/10 scale with intermittent numbness affecting all fingertips. There was also low back pain radiating to left lower extremity with numbness and tingling in the left foot. Exam noted bilateral trapezius muscles tender to touch. Plan include refill of medications and acupuncture x 12. The patient remained P&S. Request for acupuncture x 12 sessions was modified for 6 visits citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, QTY:12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This 51 year old female Special Education Aide sustained an injury on 11/19/02 while employed by [REDACTED]. Request under

consideration include Acupuncture sessions, QTY: 12. Report of 11/5/13 from the provider noted patient with complaints of low back and neck pain rated at 5-6/10 scale with intermittent numbness affecting all fingertips. There was also low back pain radiating to left lower extremity with numbness and tingling in the left foot. Exam noted bilateral trapezius muscles tender to touch. Plan include refill of medications and acupuncture x 12. The patient remained P&S. Request for acupuncture x 12 sessions was modified for 6 visits citing guidelines criteria and lack of medical necessity. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. The patient remains treating for chronic persistent pain and submitted reports have not demonstrated functional improvement for treatment already rendered for this 2002 injury with unchanged severe chronic pain symptoms and clinical findings. The Acupuncture sessions, QTY: 12 is not medically necessary and appropriate.