

Case Number:	CM13-0065022		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2011
Decision Date:	04/04/2014	UR Denial Date:	11/21/2013
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, has a subspecialty in Interventional Spine, 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:

The patient is a 55 year old female who sustained a work-related injury on 7/28/11. The patient presents with neck, chest, sternum, right knee, right hip, and low back pain with facial numbness on the left side. She has been diagnosed with lumbar strain and left lower extremity radiculitis, cervical sprain with upper extremity radiculitis, thoracic strain, herniated discs in the cervical/thoracic/lumbar spine, trochanteric bursitis in the bilateral hips, left C6 radiculopathy, and bilateral L4, L5, and S1 radiculopathy. The treatment plan included chiropractic care, acupuncture, massage, and physical therapy, all twice a week for eight weeks.

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 eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture guidelines state that if acupuncture is going to be effective, there should be some sign of functional improvement within the first 3-6 visits. The MTUS states that the amount of visits can be extended with documentation of functional

improvement. The request for 16 acupuncture sessions will exceed the MTUS guidelines recommendation of a trial of 3-6 visits. Furthermore, the records state that the patient had acupuncture treatment in the past, with no documentation of functional improvement. As such, the request is noncertified.