MAXIMUS Federal Services

Case Number:	CM13-0065436		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2011
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a specialty 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 50 year old female with a date of injury of 7/31/2011. The patient was being treated for back and right sided leg pain. According to the progress note dated 10/31/2013, the patient described the pain as aching, burning, and it travels into the buttocks and down the right leg to the bottom of the foot. Numbness at the bottom of the foot and weakness were noted. The patient rates her pain level at 9/10. Significant objective findings includes limited range of motion in the lumbar spine, tenderness in the right lumbar paraspinous, and positive straight leg raising bilaterally. There was diminished sensation over the dorsum of the foot, lateral, and sole of the foot. Motor testing was unremarkable in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE THERAPY SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture treatment guidelines recommends a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1-2 months to produce functional improvement for chronic pain. The UR non-certified the provider's request for 6 acupuncture

because medical necessity was not established. From the telephonic contact, it was noted that the patient had 3-4 acupuncture sessions around 5 years ago. The patient reported that she was able to increase her work and decrease medication usage. Given the fact that the patient received acupuncture treatment 5 years ago and her work related injury occurred in 2011, the acupuncture treatments that she received may not have been part of the patients workers compensation claim. There was no evidence that the patient received acupuncture under workers compensation; therefore the current prescription for acupuncture would most accurately be evaluated as an intitial trial for which the guidelines recommends 3-6 visits. Therefore, the provider's request for 6 acupuncture sessions is medically necessary at this time for her chronic pain.