

Case Number:	CM13-0066328		
Date Assigned:	01/03/2014	Date of Injury:	07/23/2011
Decision Date:	04/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Board Certified in Occupational Medicine 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 an [REDACTED] employee who has filed a claim for right hip pain and low back pain radiating to the left lower extremity associated with an industrial injury date of July 23, 2011. Thus far, the patient has been treated with analgesic medications, physical therapy, and chiropractic therapy. Review of progress notes reveal that the patient has received a total of 20 sessions of physical therapy and 15 sessions of chiropractic therapy to date. There was noted improvement of symptoms with 16 sessions of physical therapy from 2011 to 2012 but no further improvement of symptoms with additional sessions of chiropractic therapy in 2013. A lumbar MRI performed on March 21, 2013 was essentially normal. The condition has reached permanent and stationary status; patient continues to work full time. In a utilization review report of December 02, 2013, the claims administrator modified a request for 3 instead of 12 sessions of acupuncture to the lumbar spine and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS, LUMBAR SPINE AND RIGHT HIP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted on page 114 of the MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, the CA MTUS Acupuncture Medical Treatment guidelines states that acupuncture is an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is no documentation regarding use or intolerance to medications, as well as a treatment plan outlining the anticipated functional benefits as progress goals. In addition, 12 sessions of acupuncture would exceed guideline recommendations for an initial course of acupuncture, which would require evidence of functional improvement within 3-6 treatments. Therefore, the request for 12 sessions of acupuncture to the low back and right hip was not medically necessary per the guideline recommendations of MTUS.