

Case Number:	CM13-0067678		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2009
Decision Date:	05/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & 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 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:

This female sustained an injury on 3/31/09 while employed by the [REDACTED]. Request under consideration include ACUPUNCTURE ONE (1) TIME A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE. Hand-written report of 10/23/13 from the provider noted patient with lumbar and thoracic spine pain. The patient has received 12 acupuncture sessions with reported better pain management, decrease in medication, increase tolerance to perform exercises and ADLs. She uses EMS unit, takes hot soak baths, and performs home exercise progra; however, still continues with lumbar and thoracic pain with frequent lower extremity radicular symptoms, cramping, numbness and tingling involving right side, increased over last 3 months. The patient report recent history of increased TMJ secondary to emotional stress. Exam noted continued tenderness to palpation in the thoracic and lumbar spine, diffuse tenderness (illegible), limited range of motion, bilateral straight leg raise. Diagnoses include Lumbar spine Strain/sprain. Request for additional acupuncture above was non-certified on 11/8/13 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 ONE (1) TIME A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 12 prior sessions of acupuncture with for this 2009 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any specific decrease in medication usage from conservative treatments already rendered and the patient remains TTD for another 6 weeks. The acupuncture one (1) time a week for four (4) weeks for the lumbar spine is not medically necessary and appropriate.