

Case Number:	CM13-0067692		
Date Assigned:	01/08/2014	Date of Injury:	07/19/2000
Decision Date:	07/02/2014	UR Denial Date:	12/05/2013
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 Anesthesiology, has a subspecialty in Pain Management, 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 is a 67-year-old male with a 7/19/00 date of injury. The exact mechanism of injury has not been described. On 9/25/13, the patient had 3/10 pain medication and is currently taking methadone for pain relief. He states that over the past few weeks he has had increased pain. Objective: decreased sensation to bilateral lower extremities with tenderness to the lumbar spine. An acupuncture note from 10/28/13 indicates the patient has had less pain and appositive attitude. Diagnostic Impression: Chronic Pain Syndrome, Post-laminectomy syndrome, Lumbosacral Spondylosis, Obstructive Sleep Apnea. Treatment to date: medication management, ESI, activity modification, acupuncture. A UR decision dated 12/5/13 denied the request based on the fact that the patient has had 10 session of acupuncture and that the sessions have eliminated pain and improved function on the left, but there has been no mention of a decrease in patient's medication use. In addition, the report states that over the past 3 weeks, the patient's back has hurt more. There is no documentation provided that the patient has had any specific, sustained, objective functional benefit from the 10 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE X8 SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. An acupuncture note from 10/28/13 indicates the patient has had decreased pain and functional improvement. He notes he is able to work farther. In addition, it is noted that he has an attitude change and now is noted to have a positive attitude. He is progressing well with the acupuncture. He has had 10 prior sessions, and guidelines support up to 24 sessions. Therefore, the request for additional acupuncture sessions x 8 was medically necessary.