

Case Number:	CM13-0068422		
Date Assigned:	01/03/2014	Date of Injury:	03/22/2012
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 62 year-old with a date of injury of 03/22/12. A handwritten progress report associated with the request for services, dated 10/22/13, is difficult to read. It identified subjective complaints of left ankle pain. Apparently there is pain of multiple areas including the cervical and lumbar spines. Objective findings were illegible. She underwent an Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities on 08/22/13 that revealed no radiculopathy. Treatment has included oral analgesics and twelve acupuncture sessions in September. The record states that they were "helpful." A Utilization Review determination was rendered on 11/25/13 recommending non-certification of "Acupuncture, six (6) visits (1x6)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, six (6) visits (1x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated. It further

states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as: - Time to produce functional improvement: 3 to 6 treatments. - Frequency: 1 to 3 times per week. - Optimum duration: 1 to 2 months. It is noted that acupuncture treatments may be extended if functional improvement is documented. In this case, the optimum duration of acupuncture has been exceeded. The medical record does not document adequate functional improvement to extend the treatments. Therefore, there is no documented medical necessity for additional acupuncture as requested.