

Case Number:	CM13-0069535		
Date Assigned:	01/03/2014	Date of Injury:	05/11/2012
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

This is a 36 year old female patient with pain complaints of the thoracic spine and lower back. Diagnoses include a sprain of the wrists, status post right carpal tunnel release. Previous treatments included: trigger point injections, oral medication, chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial 3x4 was made on 12-04-13 by the primary treating physician. The requested care was denied on 12-20-13 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LOW BACK AND THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: In reviewing the medical records provided for review, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care), an acupuncture trial for pain management and functional improvement would have been reasonable and supported by the MTUS Acupuncture Guidelines. The MTUS Acupuncture Guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same Guidelines could support additional care based on documented functional improvement(s) obtained with the trial. The request is for 12 sessions, which is significantly more than the number recommended by the MTUS Acupuncture Guidelines without documenting any extraordinary circumstances. The request is therefore not medically necessary and appropriate.