

Case Number:	CM13-0072208		
Date Assigned:	01/08/2014	Date of Injury:	02/12/2008
Decision Date:	10/01/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 licensed 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:

The injured worker is a 53 year old female who reported low back and right knee pain from injury sustained on 02/12/08 due to a fall. X-rays of the right knee revealed minor degenerative changes; evidence of prior ORIF (open reduction internal fixation) and prior fracture. The patient is diagnosed with lumbosacral neuritis, disc displacement, joint pain- ankle, foot pain and tendinitis. The patient has been treated with medication, physical therapy and aqua therapy. Per utilization appeal dated 01/10/14, patient has not undergone acupuncture therapy. Per medical notes dated 07/21/14, patient complains of low back pain which is somewhat increased over the last few weeks. She states she had another fall causing strain on her back and right extremity. Pool therapy has been completed and she states she noticed benefit to her back and leg before her fall. Examination revealed lumbar flexion and extension cause back pain. The request is for initial trial of 8 acupuncture treatments which exceed the quantity recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture 2 Times a Week for 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: Per MTUS Section 9792.24.1 Acupuncture Medical Treatment Guidelines Page 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. This request is not medically necessary.