

Case Number:	CM14-0005472		
Date Assigned:	01/24/2014	Date of Injury:	12/12/1997
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 applicant is a male employee of the [REDACTED] who filed a claim for a slip and fall industrial injury affecting his left knee. However, since then he currently complains of lower back pain with bilateral lower extremity radiculopathy causing numbness and tingling, especially in his right leg and foot. Since the incident on 12/12/97, over sixteen years ago to date, the applicant has had surgery to replace his right knee, epidural steroid injections for his lumbar spine, multiple visits of physical therapy for his knees and lumbar spine, and x-rays and MRI's obtained. He also takes anti-inflammatory and pain medications, uses home stationery bike and walks. At the date of the determination, 12/18/13, the claim administrator modified the original request from twelve acupuncture visits (2 X 6 weeks) to six visits (2 X 3 weeks) stating the original request exceeds the MTUS guideline recommendations for an initial course of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X/ WK FOR 3 WEEKS TO LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Apparently, the applicant has not received acupuncture previously so, therefore, this request for 12 sessions should be considered an initial course of acupuncture. Based on the MTUS, section 9792.24.1 guidelines, an initial short course of acupuncture to establish functional improvement for the applicant is 3-6 visits; therefore the original request of 12 is modified to 6 visits and the remaining 6 visits are not medically necessary.