

Case Number:	CM14-0005972		
Date Assigned:	02/07/2014	Date of Injury:	11/17/2007
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Board Certified 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 patient is a female employee who has filed an industrial claim for pain in the lumbar region immediately following the incident and then gradually increasing and eventually associated with radiculopathy to lower extremities, primarily the right side. A decrease of range of motion of the lumbar and bilateral knees recently documented. The mechanism of injury occurred on 11/17/07 and described by the patient as, "she may have turned wrong, causing increased pain to her lower back". Treatment has included chiropractic, physical therapy, anti-inflammatory medication, pain medication, sacro-iliac steroid and trigger point injections in the left L5 area. Diagnostically she obtained an MRI, positive for degenerative changes of her lumbar spine and an EMG/NCV study positive for radiculopathy. Stated in the UR determination is that the patient has never had acupuncture previously determining this as an initial request and evaluated as so. On March 9, 2012, the Qualified Medical Examiner found the patient to be permanent and stationary and given work restrictions. In the utilization review report, dated 12/30/13, the UR determination did not approve a request of ten sessions of acupuncture due to "the clinical information submitted fails to meet the evidence-based guidelines for this service". Noted is the patient had objective signs to warrant acupuncture, however the clinical information provided doesn't indicate a reduction or intolerance of her medication and neglected to demonstrate this course of treatment would be in conjunction with a physical rehabilitation program. Based on the MTUS guidelines where recommended is acupuncture as an adjunct to physical rehabilitation and when medication is not tolerated or reduced; therefore the physician advisor non-certified 10 visits of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT ACUPUNCTURE 1XWK X 10WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Accupuncture Guideline, Page 1,8,9.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating acupuncture care as an initial request is based primarily utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits as time to produce "functional improvement". The MTUS also states "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture beyond this initial trial is considered based on "functional improvement", as defined by MTUS. After combing through the records provided, there is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, or recent involvement in physical rehabilitation program. Alternatively, even if this information was provided, ten treatments as an initial course exceeds the recommended quantity and time to produce functional improvement, therefore, given the MTUS guidelines for acupuncture, detailed above, ten sessions of acupuncture care is not medically necessary.