

Case Number:	CM14-0009184		
Date Assigned:	02/14/2014	Date of Injury:	12/05/2011
Decision Date:	09/10/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 purpose of this review is to consider six acupuncture sessions. The applicant is a male employee who has filed an industrial claim for lumbar spine injury that occurred on 12/05/11. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of intermittent low back pain with range of motion limitations and numbness and tingling in his bilateral lower extremities. On 12/23/13, the treating physician requested six sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant complains of difficulty getting out of bed in the mornings due to stiffness and pain. He has pain performing his activities of daily living, but performs them and is independent. The applicant has not received prior acupuncture care. His treatment to date includes, but is not limited to, X-rays, MRI's, chiropractic care, physical therapy, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 1/2/14, the Utilization Review (UR) determination did not approve the six sessions of acupuncture but partially approved four sessions as an initial round of treatment. The advisor states the applicant continues with a strenuous home exercise program for his lumbar spine, but continues to have stiffness, pain and limited range of motion. Based on MTUS guidelines regarding an initial round of acupuncture care, it seems reasonable for this applicant to receive acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating initial acupuncture care is based on MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture to be 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 an initial trial depends upon "functional improvement", as defined by MTUS. The applicant is involved with a strenuous home exercise program, medicine is taken only as needed, but he still suffers with intermittent pain in the lumbar region. Based on the records reviewed, he has not received acupuncture previously and as the MTUS guidelines state above, it is reasonable and medically necessary for the applicant.