

Case Number:	CM14-0106134		
Date Assigned:	09/24/2014	Date of Injury:	08/28/2009
Decision Date:	10/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 and is licensed to practice in Florida. 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 53 year old male that sustained an industrial injury on 8/28/09. The records indicate that this is a fork lift injury. The patient's current diagnoses are: cervical spine strain with radicular complaints, 2-3 mm disc. Protrusion at C2-C3 and C3-C4; left shoulder strain with impingement; and lumbar strain, left sacroiliac joint strain with radiculopathy at L4-L5 and 2-3 mm disc and a protrusion at L5-S1. The patient was prescribed the following medications: Omeprazole, Cyclobenzaprine, and Naproxen. The patient has received PT and was given a therapeutic home exercise program for range of motion and strengthening. The documentation suggests that previous acupuncture sessions reduced the patient's pain and medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits- Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 53-year-old male that sustained an industrial injury on 8/28/09. The patient sustained a forklift injury however the mechanism is unknown at this time. The records indicate subjective complaints of low back pain, neck pain and anxiety. The

patient received prior acupuncture treatments. He has also received PT, home exercise program and medications. The patient reported a decreased amount of pain and a decrease use of medication with prior acupuncture treatments however the records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement. As per CA MTUS Acupuncture Medical Treatment Guidelines, 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. The medical necessity for the requested acupuncture sessions has not been established.