

Case Number:	CM14-0108234		
Date Assigned:	08/01/2014	Date of Injury:	08/03/2013
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old male who reported an injury on 08/13/2013. The mechanism of injury was a motor vehicle accident. Diagnoses included cervical spine strain/sprain, lumbosacral strain/sprain with radiculitis, lumbosacral spine protrusion, and bilateral hip strain/sprain. Past treatments included acupuncture, chiropractic manipulation, localized intensive neurostimulation therapy, and medications. Diagnostic testing included an official MRI of the lumbar spine on 01/27/2014, which revealed an annular tear with central disc protrusion at L5-S1 and L4-5, as well as disc desiccation without significant disc height loss at L4-5 and L5-S1. The clinical note dated 05/22/2014 indicated the injured worker complained of pain in the neck, bilateral hips and thighs, and low back that radiated down the bilateral lower extremities. The physical exam revealed decreased range of motion and tenderness to palpation to the cervical and lumbar spine and tenderness to palpation of the bilateral hips. Current medications included ibuprofen 400 mg. The treatment plan included acupuncture 2 times a week for 4 weeks for the cervical and lumbar spine and bilateral hips. The rationale for the request was to decrease pain and tenderness. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Cervical, Lumbar, Bilateral Hips: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 times a week for 4 weeks for the cervical and lumbar spine and bilateral hips is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase range of motion, and reduce muscle spasm. The Guidelines indicate the frequency for treatment is 1 to 3 times per week, with 6 treatments noted as the time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The injured worker complained of pain in the neck and bilateral hips, as well as the low back radiating into the bilateral lower extremities. He had completed at least 8 sessions of acupuncture to the cervical and lumbar spine and bilateral hips. He stated that these previous treatments had helped to decrease pain and tenderness; however, there is a lack of documentation to indicate functional improvement as a result of the previous acupuncture. Without evidence of functional improvement, additional acupuncture is not supported at this time. Therefore, the request for acupuncture 2 times a week for 4 weeks for the cervical and lumbar spine and bilateral hips is not medically necessary.