

Case Number:	CM14-0010134		
Date Assigned:	02/21/2014	Date of Injury:	09/14/2000
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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 Family Practice and is licensed to practice in Tennessee, California and Virginia. 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 reported a date of injury of 09/14/2000. The mechanism of injury is described as repetitive work. Progress report dated 06/11/13 indicates the injured worker received an epidural steroid injection with some benefit of his low back pain. The injured worker is status post left total hip arthroplasty in August 2012. There is a recommendation to continue chiropractic treatment. Lumbar MRI dated 08/08/13 revealed disc desiccation at all lumbar levels, concentric disc bulging at all levels, and bilateral facet joint degenerative disease at L4-5 and L5-S1. Complex neurosurgical consultation dated 09/26/13 indicates the injured worker has attended sessions of physical therapy, chiropractic and acupuncture. Diagnostic impression is central canal stenosis at L1-2 and L4-5. Re-evaluation dated 12/05/13 indicates ongoing chiropractic treatment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO NECK AND UPPER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The submitted records indicate the injured worker has previously undergone acupuncture treatment, and his response was questionable. California Medical Treatment Utilization Schedule (CAMTUS) guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is nonspecific and does not indicate the frequency and duration of the requested acupuncture. Therefore, the request for acupuncture to neck and upper back is not medically necessary and appropriate.