

Case Number:	CM14-0012271		
Date Assigned:	02/21/2014	Date of Injury:	04/16/2013
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 California. 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 underlying date of injury in this case is April 16, 2013. Treating diagnoses include lumbosacral sprain, thoracic sprain, neck sprain, back contusion, lumbar sprain, and lumbosacral neuritis. On January 6, 2014, the treating physical rehabilitation physician saw this patient in followup and submitted a progress report. The patient reported ongoing symptoms in the back and cervical spine including pain in the left iliolumbar ligaments and some pain down the left lower extremity with some intermittent numbness and tingling affecting the left leg. The patient also reported subjective weakness in the left leg and was requesting a single-point cane. Also the patient reported pain in the bilateral paracervical and trapezius muscles. The patient had been taking Mobic and Neurontin with relief. On exam, the patient had tenderness in the bilateral paracervical muscles and bilateral trapezius muscles, and bilateral rhomboid muscles. The patient had positive left straight leg raising at 40 degrees. Strength in the lower extremities was normal. The patient had decreased light touch in the dorsal aspect of the left foot. The treating physician felt the patient had a left lumbosacral radiculopathy and bilateral cervical radiculopathy as well as multiple sprains and a myofascial pain syndrome. The treating physician recommended acupuncture 2 times a week for 4 weeks in order to avoid surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1 states that acupuncture may be used as an adjunct to physical rehabilitation. This guideline recommends three to six treatments in order to assess for initial functional improvement. The current request for eight initial acupuncture sessions exceeds the treatment guideline recommendations. The records do not provide an alternate rationale as an exception to the guidelines. The request for acupuncture two times per week for four weeks is not medically necessary or appropriate.