

Case Number:	CM14-0014816		
Date Assigned:	02/28/2014	Date of Injury:	02/20/2012
Decision Date:	08/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/05/2014

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 Chiropractic, has a subspecialty in Acupuncture 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 patient is a 51-year-old female with a date of injury of 2/20/2012. According to the progress report dated 1/02/2014, the patient complained of right wrist/hand, knee, and lumbar spine pain. The lumbar spine pain was rated 7/10, wrist and hand pain 7/10, and right knee pain 1/10. The patient noted to have 3 lumbar epidural steroids; the last injection was given on 8/27/23. The patient states that she generally feels a little better and that bending increase lumbar spine. Increase gripping and hand use increases right wrist and hand pain. There were no significant changes in the physical exam compared to last visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE AND THE RIGHT WRIST/HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Continuation of acupuncture care is not medically necessary at this time. The guideline states that acupuncture treatment may be extended if there is documentation of functional improvement. The patient had completed at least 22 acupuncture sessions with no

documentation of functional improvement. Therefore, the provider's request for additional acupuncture 2 times a week for 4 weeks is not medically necessary.