

Case Number:	CM14-0146607		
Date Assigned:	09/12/2014	Date of Injury:	02/26/2012
Decision Date:	11/05/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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 59-year-old female, who reported an injury on 02/26/2012; the mechanism of injury was not provided. On 04/15/2014, the injured worker presented with complaints of left hip pain. Upon examination, there was tenderness to palpation over the trochanteric region. She was able to do a single leg stand, and had a slight antalgic gait. Her therapies included injections. The provider recommended acupuncture for the lumbar spine, hip, and left shoulder. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 weeks left 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 request for acupuncture two times three weeks left lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional

recovery. The frequency and duration of acupuncture may be performed up to 3 to 6 treatments 1 to 3 times a week for a maximum duration of 1 to 2 months. There is lack of documentation that the injured worker is recommended for reduced pain medication or has a medication intolerance. Additionally, there is lack of an adjunct of physical rehabilitation and/or surgical intervention to be used with acupuncture treatment. The provider does not indicate a rationale for the requested acupuncture therapy. As such, medical necessity has not been established.

Acupuncture 2x3 weeks left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two times three weeks left hip is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed up to 3 to 6 treatments 1 to 3 times a week for a maximum duration of 1 to 2 months. There is lack of documentation that the injured worker is recommended for reduced pain medication or has a medication intolerance. Additionally, there is lack of an adjunct of physical rehabilitation and/or surgical intervention to be used with acupuncture treatment. The provider does not indicate a rationale for the requested acupuncture therapy. As such, medical necessity has not been established.

Acupuncture 2x3 weeks left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two times three weeks left shoulder is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed up to 3 to 6 treatments 1 to 3 times a week for a maximum duration of 1 to 2 months. There is lack of documentation that the injured worker is recommended for reduced pain medication or has a medication intolerance. Additionally, there is lack of an adjunct of physical rehabilitation and/or surgical intervention to be used with acupuncture treatment. The provider does not indicate a rationale for the requested acupuncture therapy. As such, medical necessity has not been established.