

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0154704 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 06/07/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of June 7, 2012. A Utilization Review was performed on September 12, 2014 and recommended non-certification of outpatient acupuncture one (1) times a week times six (6) weeks to the lumbar spine. A Progress Report dated August 8, 2014 identifies Current Complaints of burning and aching neck pain. She has numbness with pins and needles in her right lower extremities to her feet. She says she has weakness in her left leg. Objective Findings identify the range of motion is limited in all planes. Left tibialis anterior and EHL are 4/5. The left psoas, quadriceps, hamstrings and inversion are 4+/5. The left plantar flexion and eversion are 5-/5. Diagnoses identify grade I spondylolisthesis at L4-5, multilevel facet arthropathy of the lumbar spine, lateral recess stenosis bilaterally at L3-4, multilevel disc herniations of the lumbar spine, bilateral hip arthralgia, and multiple medication allergies. Request for Authorization identifies acupuncture one time a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture visits for Lumbar Spine (Has Completed 24 to date): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for six (6) Acupuncture visits for Lumbar Spine (Has Completed 24 to date), According to the above cited guidelines, acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, there is no mention of functional improvement with previous acupuncture. Furthermore, the patient has already completed 24 acupuncture sessions, which is the number recommended by guidelines. In light of the above issues, the currently requested Six (6) Acupuncture visits for Lumbar Spine (Has Completed 24 to date) are not medically necessary and appropriate.