

Case Number:	CM14-0155584		
Date Assigned:	09/25/2014	Date of Injury:	11/22/1989
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Acupuncture and is licensed to practice in New York. 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:

According to the records made available for review, this is a 52 year old male with a 11/22/89 date of injury. Mechanism of injury was not identified within the records. At the time of the request for authorization of acupuncture sessions, there is documentation of subjective (cervical, thoracic and lumbar pain with radicular symptoms) and objective (lumbar tenderness to palpation, decreased extension) findings. There is documentation of a request for acupuncture authorization of 6 treatments at a rate of 1 session per 3 week period. There is documentation of prior acupuncture treatment without record of start date or number of treatments administered to date. Additionally, there is no documentation of functional objective gains from the prior acupuncture treatment received. Documentation provided includes additional treatments (chiropractic care, rest, ice, transcutaneous electrical nerve stimulation (TENS), inversion table and medication). Records do not mention the addition of acupuncture to continued physical rehabilitation; there is documentation of a referral to physical therapy. Additionally, there is no mention of pain medication dosage decrease or intolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 3 weeks, total of 6 visits, low back area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state acupuncture is an option when pain medication is reduced or not tolerated and/or it may be used as an adjunct to physical rehabilitation; neither of these was documented. The Acupuncture Medical Treatment Guidelines state 3 to 6 treatments with a frequency of 1 to 3 times per week as an initial series to produce functional improvement. Treatment duration is 1 to 2 months. The requested 6 sessions spread over an 18 month period and do not fall within these guidelines. Additionally, there is no documentation of number of sessions administered to date or functional objective improvements to justify authorization. The request for 6 acupuncture sessions exceeds these guidelines and therefore is not medically necessary.