

Case Number:	CM14-0156052		
Date Assigned:	09/25/2014	Date of Injury:	02/10/2011
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
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 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 42 year old female with a 2/10/11 date of injury. Mechanism of injury is the result of a slip and fall. At the time of the request for authorization of 8 acupuncture sessions, there is documentation of subjective (lumbar pain, left shoulder pain, bilateral wrist pain, bilateral hip pain, bilateral ankle/foot pain) and objective (lumbar tenderness to palpation with spasm present, positive lumbar facet test, reduction in lumbar grip test) findings. There is documentation of a request for acupuncture authorization of 8 sessions. Documentation provided includes additional treatments (medication, rest and gels). "Therapy" is stated without reference to the type. The documentation reviewed notes prior acupuncture without mention of the number of treatments administered or any subjective or objective benefits received. There is no mention of specific functional gains or objective functional improvements within the records. Nor is there mention of physical rehabilitation or the addition of acupuncture to continued physical rehabilitation. Additionally, there is no mention of pain medication dosage decrease or intolerance. This request does not meet the standards of the Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine and the left wrist x8 sessions: 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. The request for 8 acupuncture sessions exceeds these guidelines and therefore is not medically necessary.