

Case Number:	CM14-0157399		
Date Assigned:	09/30/2014	Date of Injury:	06/15/2007
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Interventional Spine 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 58-year-old male with date of injury of 06/15/2007. The listed diagnosis per [REDACTED], from 08/19/2014 is bilateral SI joint dysfunction. According to this handwritten report, the patient has variable symptoms usually at a rate of 4/10 to 5/10, at times up to 6/10 to 7/10 with activity. He still has some relief from the SI joint injection but is "wearing off." The treater notes that acupuncture was very helpful in allowing "maximum duration" from SI joint injection. The patient's last injection was from April 2014. There are no changes in the patient's past medical history. Objective findings showed tenderness to palpation in the right lateral SI joint. Range of motion is limited and consistent with baseline. The utilization review modified the request on 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions for lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with bilateral sacroiliac joint pain. The treater is requesting 6 acupuncture sessions for the lumbar spine. The MTUS guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The utilization review modified the request from 6 visits to 3 visits. The 02/20/2014 acupuncture therapy report notes, "The pain level is positively mediated by acupuncture therapy as well as rest and home exercise routine he established in physical therapy. He is most able to maintain his low pain levels (2-3/10) with semi-regular acupuncture treatments." The number of treatments that the patient has received was not noted on this report. The 04/30/2014 report notes, "Continue acupuncture as this has allowed increased activity, greater mobility, less medication, and extended period of time between injections." The 08/19/2014 report notes, "Acupuncture very helpful in allowing maximum duration from SI joint injection." In this case, the patient has reported significant improvement while utilizing acupuncture treatments and the requested 6 sessions are reasonable. Recommendation is for authorization.