

Case Number:	CM14-0163953		
Date Assigned:	10/08/2014	Date of Injury:	10/19/2013
Decision Date:	12/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 59-year-old female who has submitted a claim for lumbar radiculopathy, cervical sprain, carpal tunnel syndrome, and shoulder impingement syndrome associated with an industrial injury date of 10/19/2013. Medical records from 2014 were reviewed. The patient complained of low back pain and reported relief of pain with acupuncture. Physical examination of the lumbar spine showed tenderness, spasm, restricted motion, and positive straight leg raise test on the left. Treatment to date has included lumbar laminectomy, acupuncture, physical therapy, and medications. The utilization review from 9/11/2014 denied the request for six (6) acupuncture visits lumbar spine because of no supporting evidence of objective functional benefit from previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture Visits Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. The patient reported pain relief from previous visits. However, there is no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with acupuncture. Therefore, the request for six (6) Acupuncture Visits Lumbar Spine is not medically necessary.