

Case Number:	CM14-0171776		
Date Assigned:	10/23/2014	Date of Injury:	11/20/2013
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 48 year old with a date of injury of 11/20/2013. According to the progress report dated 5/29/2014, the patient complained of low back pain, left shoulder pain, and loss of sleep. Significant objective findings include tenderness in the lumbar area, tenderness in the shoulder area, decrease lumbar spine range of motion, and decrease shoulder range of motion. The patient was diagnosed with lumbar sprain/train, shoulder sprain/strain, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice per week for four weeks for the left shoulder, lumbar spine: 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 Guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient was authorized 6 out of the 8 acupuncture sessions. This is within the guidelines for an initial trial. There was no evidence that the patient completed the 6 sessions. In addition, acupuncture sessions may be

extended if there is documentation of functional improvement. Since there was a lack of documentation of the outcome of the 6 authorized visits, additional acupuncture session is not medically necessary. The provider's request for 8 acupuncture sessions exceeds the guidelines recommendation, and therefore is not medically necessary at this time.