

Case Number:	CM14-0173787		
Date Assigned:	10/27/2014	Date of Injury:	09/23/2008
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 female with an injury date of 09/23/2008. Based on the 07/21/2014 progress report, the patient complains that her symptoms are getting progressively worse. Her pain makes falling asleep more difficult and her pain also affects her ADLs. She reports her pain as a 3-9/10 and walking/standing aggravates her pain. She is still tender over lumbar PSM bilaterally and over her right buttocks. The patient has a limited lumbar spine range of motion and has difficulty with lumbar extension and forward flexion. She is also tender over the medial joint line on the right. Both of the 08/20/2014 and 09/24/2014 progress reports provide the same information. Based on the 09/24/2014 diagnoses, the patient has the following: 1. Right sural neuropathy. 2. No evidence for polyneuropathy or right lumbar radiculopathy was present. The utilization review determination being challenged is dated 10/07/2014. Treatment reports were provided from 04/14/2014 - 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk X 4wks For The Lumbar, Right Ankle And Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 of 127.

Decision rationale: Based on the 09/24/2014 progress report, the patient has worsening pain and problems sleeping. The request is for acupuncture 2 times a week for 4 weeks for the lumbar spine, right ankle, and the right knee. Review of the reports does not indicate if the patient has previously had any acupuncture sessions. MTUS Acupuncture Guidelines recommend initial trial of 3 to 6 sessions of acupuncture. The current request of 8 sessions of acupuncture exceeds the initial 3 to 6 trials recommended by MTUS Guidelines. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. Recommendation is not medically necessary.