

Case Number:	CM14-0174422		
Date Assigned:	10/27/2014	Date of Injury:	02/14/2013
Decision Date:	12/04/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/21/2014

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 Chiropractic and 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 injured worker is a 48 year old female who reported low back, shoulder and knee pain from injury sustained on 02/14/13 due to a fall. MRI of the lumbar spine revealed mild degenerative discogenic disease at L4/L5 and L5/S1; there is mild bilateral foraminal narrowing at L4-5 and L5-S1. Patient is diagnosed with sprain of right shoulder, musculoligamentous strain of the lumbar spine and contusion of right knee. Patient has been treated with medication. Per medical notes dated 07/09/14, patient complains of low back pain with traveling pain to her lower extremity. She has pain in her right shoulder and right knee with popping and giving away. Examination of the right shoulder revealed tenderness at the AC joint, subacromial bursa and rotator cuff with decreased range of motion. Examination of the lumbar spine revealed tenderness of the lumbosacral junction and bilateral flank region. There are paravertebral muscle spasms. Per medical notes dated 08/11/14, patient complains of continuous pain in her low back and traveling to her lower extremity. She also has pain and popping in her right shoulder and right knee. Provider requested initial trial of 12 acupuncture sessions for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture therapy at 2 times a week for 6 weeks for the lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2 times 6 acupuncture sessions. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.