

Case Number:	CM14-0179246		
Date Assigned:	11/03/2014	Date of Injury:	09/13/2003
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Emergency Medicine and is licensed to practice in New York. 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 52-year-old female who was injured on September 13, 2003. The injured worker continued to experience pain in the left upper buttock. Physical examination was not documented. Diagnoses included lumbar facet syndrome, lumbar stenosis, chronic pain syndrome, and status post anterior fusion with posterior fusion and L5 laminectomy. Treatment included medications, facet injections, surgery, H-wave unit and TENS unit. Requests for authorization for acupuncture 8 visits and aqua therapy 8 visits were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Code of regulations states that "Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation." It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea,

promote relaxation in an anxious patient, and reduce muscle spasm. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that "acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions." Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the requested number of visits surpasses the number recommended to determine functional improvement. The request for 8 Acupuncture Visits (2x4) is not medically necessary.