

Case Number:	CM14-0028468		
Date Assigned:	06/20/2014	Date of Injury:	08/03/2010
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 56-year-old male, with a date of injury of 8/03/10. Subsequent to a lifting injury he developed a radiculopathy with persistent neuropathic leg pain and chronic low back pain. He has been treated with injections, physical therapy, manual therapy, acupuncture and analgesic medications (Lyrica and NSAIDs). He is reported to be active in aquatic therapy. He has had sessions of acupuncture in the remote past and is documented as having recently completed 6 sessions with improvement in pain. A request for an additional 12 sessions of acupuncture was modified in U.R. to approval of an additional 6 sessions. Measured objective functional improvements are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE ONE (1) TIME PER WEEK FOR TWELVE (12) 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, Chronic Pain Treatment Guidelines Functional Measurements and Manual Therapy Page(s): 48, 58.

Decision rationale: The request for an additional 12 sessions of acupuncture beyond the 6 sessions recently completed is above and beyond what the MTUS chronic pain guidelines recommended for passive modalities. The acupuncture guidelines allow for a trial of 6 sessions with an optimum duration of up to 2 months. It appears that acupuncture has been utilized episodically with this patient for several years and it is reasonable to view this modality similar to other passive modalities (manual therapy). MTUS guidelines allow for episodic application of passive modalities for a few sessions during flare-ups every few months if there are demonstrable functional improvements. Passive modalities are not supported for maintenance care. This requested extension significantly exceeds the few episodic sessions supported by MTUS guidelines and does not appear medically necessary.