MAXIMUS Federal Services

Case Number:	CM14-0029045		
Date Assigned:	06/27/2014	Date of Injury:	01/15/2009
Decision Date:	07/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 53-year-old female with a reported date of injury of 01/15/2009. The mechanism of injury was not provided within the documentation available for review. On 03/06/2014, the injured worker complained of right knee and low back pain. The clinical documentation indicates that the injured worker previously participated in aerobic classes, yoga, and acupuncture. According to the injured worker, the acupuncture relieved her of her pain for 1 day. It was noted that the injured worker had made positive functional gains in her activities of daily living. The injured worker has returned to work with the following permanent restrictions of not lifting weights exceeding 30 pounds. The injured worker's diagnoses included chronic pain syndrome, myofascial pain syndrome, postlaminectomy syndrome, thoracic postlaminectomy syndrome, and a meniscal knee tear. The injured worker's medication regimen included Subutex, Zanaflex, and Lidoderm patches. The treatment plan included for a decision on acupuncture 2 times 3 sessions to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 sessions to low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 times 3 sessions for the low back is non-certified. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the injured worker, the acupuncture relieved her of her pain for 1 day. On 03/06/2014, the injured worker complained of right knee and low back pain. The clinical documentation indicates that the injured worker previously participated in aerobic classes, yoga, and acupuncture; however, there was a lack of documentation as to how may sessions of acupuncture the injured worker has already attended. Given the above, the request for acupuncture for the low back is non-certified.