

Case Number:	CM14-0029322		
Date Assigned:	06/20/2014	Date of Injury:	06/22/2009
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
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 Preventive and 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 59-year-old with a date of injury of June 22, 2009. As per February 11, 2014 report (██████████), the patient complained of chronic back pain, pain after waling for short time, and numbness. Examination revealed restricted range of motion of the back flexion (fingertips to knee). Prescribed medications include ibuprofen 800mg, vicodin, and diclofenac sodium CR. Diagnoses were degenerative disc disease of the lumbar spine and lumbar radiculopathy. Treatment included medications and request for acupuncture visits. Of note, ██████████ indicated the patient has "reached plateau and no further improvement is expected" and returned to work without restrictions since June 17, 2013. The request for acupuncture was initially certified with modification to four acupuncture visits on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 12 SESSIONS LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; ACUPUNCTURE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend an initial course of acupuncture therapy. The frequency suggested is one to three times per week for an optimum duration of one to two months. From the treatments, the time frame to produce functional improvement is within three to six treatments. Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination. Acupuncture treatments may be extended if functional improvement is documented as defined above. At this time, acupuncture visits are not indicated. A review of submitted documents noted the patient received one acupuncture visit but without any documented functional improvement. The cited guidelines do not warrant continuing with acupuncture care without documented functional improvement. Further, according to the February 11, 2014 report, [REDACTED] indicated the patient has "reached plateau and no further improvement is expected" and returned to work without restrictions since July 17, 2013. The request for twelve sessions of acupuncture for the lumbar spine is not medically necessary or appropriate.