

Case Number:	CM14-0030769		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2013
Decision Date:	08/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 35-year-old male with a date of injury of 11/04/2013. The listed diagnoses per [REDACTED] are lumbar disk bulge multilevel with back pain and multilevel thoracic disk bulge with neuroforaminal stenosis. According to consultative report 02/11/2013 by [REDACTED], the patient complains of pain in his thoracic spine. He is also complaining of left knee pain. The patient states he has some level of pain at all times. The patient is currently taking ibuprofen 800 mg and Flexeril 10 mg. Examination revealed tenderness at the upper region around T2-T3. He also had pain at the lumbosacral junction and over the sacrum and limited range of motion throughout. The request is for acupuncture for the lumbar and thoracic spine 12 sessions. Utilization review denied the request on 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Lumbar/Thoracic Spine 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient complains of pain in his thoracic spine. He is also complaining of left knee pain. The treater is requesting 12 sessions of acupuncture for the thoracic spine. Review of the medical file indicates the patient has participated in physical therapy and chiropractic treatments. There is no indication the patient has previously participated in acupuncture sessions. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of pain. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. In this case, a short course of 3-6 acupuncture treatments may be warranted, but the treater's request for initial 12 visits exceeds what is recommended by MTUS. Recommendation is not medically necessary.