

Case Number:	CM14-0030927		
Date Assigned:	06/20/2014	Date of Injury:	11/29/2009
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
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 Acupuncture 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 injured worker is a 50 year old male who reported low back, left hand, left fingers and teeth pain from injury sustained on 11/29/09. Radiographs of the lumbar spine reveal significant tilt and collapse of L3-4 disc. X-rays of the left hand reveal some degenerative arthrosis at MCP joint and proximal interphalangeal joint. The patient is diagnosed with L3-L4 disc herniation with intermittent bilateral lumbar radiculopathy; lumbar discopathy; left hand upper extremity tendonitis and left hand fracture. The patient has been treated with physical therapy and medication. Per notes dated 01/31/14, the patient complains of pain in his back, left hand, left fingers and teeth. He experiences left hand and finger pain which remains mostly localized. He describes the pain as cramping. Back pain radiates down the lower extremities, extending to his feet. He also has numbness in his low back and weakness in his lower extremities. The primary treating physician is requesting an initial course of 10 acupuncture sessions which were modified to 4 visits by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week for 5 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.

Decision rationale: According to the MTUS Acupuncture Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." According to the medical records provided for review, the patient hasn't had prior Acupuncture treatment. Per the MTUS Guidelines, 3-6 treatments are sufficient for initial course of Acupuncture. The number of requested visits exceeds the quantity of initial acupuncture visits supported by the MTUS Guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. As such, the request is not medically necessary and appropriate.