

Case Number:	CM14-0034558		
Date Assigned:	06/20/2014	Date of Injury:	02/19/2012
Decision Date:	07/24/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/19/2014

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 licensed in Chiropractic and 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 60 year old female who reported low back, left knee and right shoulder pain from injury sustained on 02/21/12. The mechanism of injury is unknown. MRI of the lumbar spine revealed multilevel disc protrusion. MRI of the left knee revealed subcondral cyst and moderate joint effusion. MRI of the right shoulder revealed subcoracoid bursitis; impingement; separation of the acromioclavicular joint and tear of the supraspinatus tendon. The patient is diagnosed with low back pain, herniated disc of lumbar spine and neuropathic pain. The patient has been treated with medication, therapy, epidural injection and right shoulder arthroscopic surgery. Per medical notes dated 12/20/13, patient complains of radicular low back pain rated 9/10. Pain is constant, stabbing and burning. Per medical notes dated 01/03/14, patient complains of radicular low back pain and sleep disturbance. Pain is rated at 9/10 and is described as sharp and stabbing. Pain is worse with bending forward. Examination revealed decreased range of motion and tenderness to palpation of the paraspinals. Primary treating physician is requesting initial course of 18 acupuncture sessions. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x week for 6 weeks QTY: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "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". The patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Primary treating physician is requesting initial course of 18 acupuncture sessions. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.