

Case Number:	CM14-0035922		
Date Assigned:	06/23/2014	Date of Injury:	10/07/2008
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty 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 patient is a 65-year-old male with a date of injury of 10/07/2008. According to the progress report dated 3/04/2014, the patient complained of mild back pain. The pain radiates to the left groin and left buttock. The patient described the pain as ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing, and throbbing. Bending, using the stairs, daily activities, jumping, running, and twisting aggravate the symptoms. Medications provide relief. Significant objective findings include PHQ-9 score of 15 indicating moderately severe depression, joint pain, joint swelling, and muscle weakness. There was tenderness in the lumbar spine. Motor and sensory exams were within normal limits. The patient was diagnosed with chronic pain due to trauma, peripheral neuropathy, and Medtronic peripheral stimulator left groin.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Acupuncture Treatment Sessions (4x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no evidence that the patient completed acupuncture prior to the request. The guidelines recommend a trial of 3-6 visits with a frequency of 1 to 3 times per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The patient was authorized 4 visits out of the requested 16. Records show that the patient completed 4 acupuncture sessions without documentation of functional improvement. Additional acupuncture may be medically necessary, if there was documentation of functional improvement from the trial sessions. Based on the discussion, the provider's request for 4 times a week for 4 weeks is not medically necessary at this time.