

Case Number:	CM14-0038337		
Date Assigned:	06/25/2014	Date of Injury:	10/07/2008
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 64-year-old male with a date of injury on October 7, 2008. The mechanism of his injury is not in the medical records. He has chronic moderate to severe left sided pelvic pain, gluteal, and hip and groin pain. Left etiology of this pain is also not in the medical records. His medications include Lidoderm patch and Tramadol. He did not benefit from Gabapentin, and is currently trying Lyrica. He has a Medtronic Peripheral Nerve stimulator, but it does not help and he wants it removed. He has had 4 acupuncture therapy visits. The patient did report some reduction in his pain. The clinician administering the acupuncture stated that due to the chronicity and severity of this patient's condition, a trial of 4 visits does not provide nearly enough treatment time to really evaluate for improvement. The acupuncturist recommends an additional eight visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is not enough indication that the patient obtained functional improvement from the 4 completed acupuncture treatments. The patient claimed some pain relief, but there is not enough convincing documentation on how this helped him functionally. The California MTUS states acupuncture can be used as an adjunct for pain control and to help in rehabilitation, to hasten functional recovery. It can be used to reduce pain, and inflammation, to increase blood flow and range of motion, and to decrease the side effects of medication induced nausea. It also can promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. The frequency should be 1 to 3 times per week. The optimum duration is 1 to 2 months. Because there was no convincing evidence that acupuncture helped the patient, the request for additional acupuncture is deemed not medically necessary.