

Case Number:	CM14-0040344		
Date Assigned:	06/20/2014	Date of Injury:	04/26/2013
Decision Date:	07/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is a 58-year-old male with a date of injury of 4/26/2013. According to the progress report dated 2/17/2014, the patient complained of pain in the lumbar spine, right upper extremity, and wrist. The patient was feeling worse. The patient also noted sleeping issues, gastrointestinal distress, and headaches. Objective findings include moderate tenderness over the lumbar spine, right shoulder, right arm, and right wrist. There was decreased range of motion and strength in the right wrist and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Acupuncture Visits for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend a trial of 3-6 visits to produce functional improvement. There was no record of prior acupuncture sessions; therefore an initial trial of acupuncture is warranted. However, the provider's request for acupuncture 2 times a week for 6 weeks exceeds the guideline recommendation. In addition, the guideline states that acupuncture may be extended if there is documentation of functional

improvement. There was no evidence that the patient had completed a trial of acupuncture to warrant additional visits beyond the recommended initial 3-6 visits. Therefore the request for 12 acupuncture sessions is not medically necessary at this time.