

Case Number:	CM14-0040931		
Date Assigned:	06/30/2014	Date of Injury:	08/23/2005
Decision Date:	09/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 45 year old male who sustained a work related injury on 8/23/2005. His diagnoses are complex regional pain syndrome, lumbar radiculopathy, autonomic dysreflexia, lumbago, and ankle and foot pain. He had eight acupuncture sessions approved on 10/21/2013. Per a PR-2 dated 9/30/2013, acupuncture helped control pain to a degree and reduced the episode of spasms. It also helped reduce the use of medications. Per a PR-2 dated 3/4/14, the patient has been able to be slightly more active given the colder weather. He is still having episodes of passing out like he had before. He also continues to have chronic pain. Prior treatment includes lumbar surgery, left knee surgery, oral medication, topical medication, lumbar spinal cord stimulator, manipulation under anesthesia, chiropractic, lumbar facet injections, lumbar sympathetic block, psychological treatment, biofeedback, and physical therapy. According to a prior UR dated 12/30/2013, the patient has had 66 acupuncture sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 12 to 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 evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living and a reduction in work restrictions, medication, or dependency on continued medical treatment. The patient has had extensive prior acupuncture with reported subjective improvement. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. In regards to previous acupuncture rendered, there were no significant, measurable outcomes, increased ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Furthermore he does not appear to be reducing his dependence on medical treatment. Therefore, the request for acupuncture 2 X 12 to the lumbar spine is not medically necessary.