

Case Number:	CM14-0044384		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2011
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Services, 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 57 year old female with a date of injury of 1/20/2011. According to the progress report dated 3/24/2014, the patient complained of pain all over body. The pain was from the neck to the foot. Significant objective findings include tenderness over the neck, upper back, lower back, and knees. The patient had a slow gait with rolling seated walker. The patient was diagnosed with chronic pain, back/hip/left/foot pain, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits (2x3) Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no record that the patient completed had completed a trial of acupuncture sessions. Therefore, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. The Utilization Reviewer certified 3 visits out of the 6 requested on 2/27/2014. There was no documentation of functional improvement from the authorized visits. The guideline states that acupuncture may be

extended if there is documentation of functional improvement. The request is not medically necessary and appropriate.