

Case Number:	CM14-0052125		
Date Assigned:	07/07/2014	Date of Injury:	11/21/2011
Decision Date:	08/14/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 30-year-old female who reported an injury on 11/21/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's symptoms were controlled with medications. The injured worker was evaluated on 03/26/2014. The injured worker had ongoing pain complaints, status post an epidural steroid injection and facet injection that did provide some temporary relief. It was documented that the injured worker was also participating in acupuncture twice weekly. The injured worker's physical examination findings did not document any changes in condition. A request was made for additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for 3-6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule recommends an optimum duration of acupuncture for 1 to 2 months. The clinical documentation submitted for review indicates that the injured worker has already participated in acupuncture. However,

significant functional improvement or medication reduction was not documented as a result of that treatment. California Medical Treatment Utilization Schedule states that acupuncture treatments may be extended if functional improvement is documented. As there is no indication that the patient has had functional improvement from previous treatment, the need to extend treatment beyond guideline recommendations is not clearly indicated in this clinical situation. Furthermore, the request does not specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested acupuncture twice a week for 3-6 months is not medically necessary.