

Case Number:	CM14-0069743		
Date Assigned:	07/14/2014	Date of Injury:	07/18/2013
Decision Date:	10/29/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/14/2014

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 Acupuncture and is licensed to practice in Florida. 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 51-year-old male who sustained an industrial to his neck and low back while unloading a vehicle on the jobsite on 7/18/13. The patient was diagnosed with Lumbosacral Neuritis NOS, Spinal Stenosis-lumbar, Cervicalgia, and Cervical Spinal Stenosis. The patient had treated with PT and oral medications for his injuries. He previously had been approved for chiro 2x6 and acupuncture 2x6 on 4/28/14, however, the documentation provided does not show the patient attending these approved sessions. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment, and if the prior course of acupuncture was completed. The medical necessity for the requested 12 acupuncture sessions for the cervical and lumbar spines has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical and lumbar spines 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 51-year-old male who sustained an industrial to his neck and low back while unloading a vehicle on the jobsite on 7/18/13. The patient had treated with PT and oral medications for his injuries. He previously had been approved for chiro 2x6 and acupuncture 2x6 on 4/28/14, however, the documentation provided does not show the patient attending these approved sessions. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from or if the previous acupuncture sessions have been utilized. Also, the objective findings from the provider are unknown. Therefore, the request for 12 acupuncture treatments for the cervical and lumbar spines would not be medically necessary.