

Case Number:	CM14-0074413		
Date Assigned:	07/16/2014	Date of Injury:	01/17/2014
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 45-year-old female with a 1/17/14 date of injury. She injured her lower back while lifting a client. According to a progress note dated 6/4/14, the patient complained of low back pain, worse with walking, bending, lifting, and twisting. The pain has radiated intermittently to the left and right buttocks. Her numbness in the feet has resolved with acupuncture therapy. Objective findings: lumbar ROM moderately restricted with pain at the limits of her range, tenderness to palpation over the midline of the lumbosacral spine. Diagnostic impression: lumbar strain, mild facet arthropathy L4-L5 and L5-S1 with mild bilateral neural foraminal stenosis. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A UR decision dated 5/9/14 denied the request for 12 additional acupuncture sessions. There was no indication that the claimant is actively seeking physical rehabilitation or surgical intervention for the alleged injuries. The claimant has not met criteria for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. According to a progress note dated 3/5/14, the patient has undergone 4-6 acupuncture treatments. However, it is unclear how many total sessions she has had as of the date of this request. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior acupuncture sessions. Therefore, the request for Acupuncture x12 for lumbar spine was not medically necessary.