

Case Number:	CM14-0074442		
Date Assigned:	07/16/2014	Date of Injury:	07/24/2003
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 injured worker is a 50-year old female who reported low back and bilateral wrist pain from injury sustained on 07/24/03 due to cumulative trauma or repetitive data processing and computer work. There were no diagnostic imaging reports. Patient is diagnosed with status post carpal tunnel release; lumbar spine sprain/strain with radicular complaints and status post lumbar fusion. Patient has been treated with medication, therapy, carpal tunnel release surgery and lumbar fusion surgery. Per medical notes dated 4/03/14, patient complains of intermittent moderate low back pain. Pain is aggravated with prolonged standing, twisting and walking. The pain is associated with weakness, numbness and tingling sensation. Patient complains of intermittent moderate pain to her wrists with right greater than left. Pain is aggravated with repetitive flexion, grasping, gripping. Primary physician is requesting initial trial of 8 acupuncture treatments which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: eight (8) sessions (lumbar spine, left/right wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has not had prior Acupuncture treatment. Primary treating physician is requesting initial trial of 8 acupuncture treatments which were modified by the utilization reviewer to 6 treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.