

Case Number:	CM14-0075521		
Date Assigned:	07/16/2014	Date of Injury:	06/09/2010
Decision Date:	08/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation 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 54-year-old male who reported an injury on 06/09/2010. The mechanism of injury was not provided in the medical records. His diagnoses included multilevel degenerative disc disease of the cervical spine, cervical and lumbar sprain/strain, lumbar central canal stenosis, and facet hypertrophy. His past treatments were noted to include participation in a home exercise program and medications. On 07/02/2014, the injured worker presented with complaints of neck pain with radiating symptoms, including numbness and tingling, into the bilateral hands. He also reported low back pain with occasional numbness and tingling. His physical examination revealed tenderness of the paraspinals in the lumbar and cervical regions, decreased range of motion in the cervical spine, and decreased range of motion in the lumbar spine. His medications were noted to include Ultram, Zanaflex, and Pamelor. The treatment plan included medication refills, participation in a home exercise program, and acupuncture treatment. A rationale for the requested acupuncture treatment and the Request for Authorization form were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture treatment (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation ODG 2014 (lumbar).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, acupuncture may be recommended when pain medication is reduced or not tolerated when used as an adjunct to physical rehabilitation and/or surgical intervention to promote functional gains. When applicable, an initial trial of acupuncture should be no more than 6 visits with additional visits based on functional improvement. The clinical information submitted for review indicated that the injured worker had functional deficits in the lumbar spine and cervical spine. However, the region recommended for treatment with acupuncture was not specified in the request. In addition, as the injury was noted to have occurred in 2010, additional documentation is needed, including previous treatments tried and failed. The documentation failed to indicate whether the injured worker had been treated with previous acupuncture sessions, and whether those sessions had provided functional gains. In the absence of this information, the request for 6 sessions of acupuncture is not supported. Further, the documentation indicated that the injured worker was utilizing pain medication and there was no documentation indicating that this medication was to be reduced or that it was not tolerated. Therefore, acupuncture is not supported. For the reasons noted above, the request is not medically necessary.