

Case Number:	CM14-0078506		
Date Assigned:	07/18/2014	Date of Injury:	04/13/2012
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 Nevada. 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on April 13, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints of neck and low back pains. It was also indicated that maximum medical improvement had been reached. The physical examination demonstrated a hypertensive (148/62) individual who ambulated without a gait deformity. A decrease in lumbar spine range of motion was reported. Motor function was reported as 5/5. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, injection therapies and pain management techniques. A request had been made for acupuncture and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments for the lumbar spine, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Acupuncture (Acupunct Med. 2014 May 9).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: As outlined in the MTUS, acupuncture can be used as an option when pain medication is reduced or not tolerated. Based on the progress notes presented for review, it does not appear that either these clinical situations is noted. As such, when considering the parameters noted in the MTUS and by the physical examination findings and the narrative of the progress notes, the medical necessity for this intervention has not been established.