

Case Number:	CM14-0086369		
Date Assigned:	07/23/2014	Date of Injury:	01/12/2012
Decision Date:	09/12/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 26-year-old male with a date of injury of 01/12/2012. The listed diagnoses per Dr. [REDACTED] are: 1. Left shoulder sprain/strain. 2. Right rib contusion/strain. 3. Lumbar spine sprain/strain. 4. Thoracic spine sprain/strain. 5. Cervical spine sprain/strain. According to progress report 02/25/2014, the patient complains of low back pain with headaches. Treater states "I request authorization to continue acupuncture treatment. The goal is to decrease the pain and restore function." Report 05/06/2014 indicates the patient continues with left shoulder pain and low back pain. It was noted the patient started acupuncture and the pain has decreased. Treatment request is for additional acupuncture 2 times a week for 6 weeks for the left shoulder and lumbar spine. Utilization review denied the request on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Acupuncture Treatment for the Left Shoulder, 2 times a week for 6 weeks, Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with complaint of low back pain with headaches. The treating physician is requesting 12 additional acupuncture treatments 2 times a week for 6 weeks for the left shoulder and lumbar spine. The treating physician's in his report 05/06/2014 states patient has decrease in pain from prior acupuncture treatment. Review of the medical file indicates the patient received 12 acupuncture visits from 01/28/2014 through 04/30/2014. For acupuncture, California Medical Treatment Utilization Schedule (MTUS) page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, the treating physician states the patient has a decrease in pain but does not document functional improvement to warrant additional treatment. The requested treatment is not medically necessary and appropriate.