

Case Number:	CM14-0094734		
Date Assigned:	07/25/2014	Date of Injury:	01/07/2013
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 & 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 36-year-old male with a date of injury of 01/07/2013. The listed diagnoses per [REDACTED] are: 1.Lumbar spine sprain/strain myofasciitis. 2.Left knee ID. According to progress report on 06/02/2014, the patient presents with lumbar spine and left knee pain. He rates the lumbar spine pain as 3/10 and left knee pain as 5/10. Objective findings of the lumbar spine revealed TTP, decreased in range of motion, and positive spasms. Examination of the left knee revealed decreased ROM. This report is handwritten and partially illegible. Treating physician recommends patient start acupuncture. Request for authorization states request is for initial 6 acupuncture therapy plus 3 times a week for 2 months and functional improvement is produced. There is also a request for STP consult. Utilization review indicates the request is for acupuncture 3 times a week for 2 months for a total of 24 visits. Utilization review denied the request for acupuncture and STP consult on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x week x2 months (24 total visits): 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: MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and restoration of pain. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per week with optimal duration of 1 to 2 months. In this case, the Treating physician request exceeds the initial 3 to 6 treatments for acupuncture. MTUS allows for treatments to be extended only when functional improvement has been shown. Therefor the request is not medically necessary.

STP Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter:7, page 127.

Decision rationale: ACOEM Practice Guidelines second edition {2004} page 127 has the following: The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the Treating physician does not discuss why a consultation is needed and what concerns would need additional expertise. The request is not medically necessary.