

Case Number:	CM13-0030927		
Date Assigned:	11/27/2013	Date of Injury:	08/04/2000
Decision Date:	04/01/2015	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 61 year old female, who sustained an industrial injury on 8/04/2000. The diagnoses have included cervical degenerative disc disease, lumbar discogenic syndrome, thoracic sprain/strain and myofascial pain. Treatment to date has included TENS, home exercise and medications. Currently, the IW complains of chronic low back pain and bilateral trapezius muscle pain rated as 7/10. There is no radiation, and no weakness, numbness or tingling. Objective findings included tenderness to palpation of the lower back with decreased range of motion. On 7/11/2013, Utilization Review modified a request for acupuncture (2x4) for the neck and lower back. No peer review was submitted. The MTUS and ODG were cited. On 8/05/2013, the injured worker submitted an application for IMR for review of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits (2 x week x 4 weeks) to the neck and lower back area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture x 8 was requested for the treatment of chronic pain (no flare up was reported). In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.