

Case Number:	CM14-0102482		
Date Assigned:	07/30/2014	Date of Injury:	12/30/2012
Decision Date:	02/24/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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 48 year old male who suffered a work related injury on 12/30/12 when he developed back pain while moving water and mops from one bucket to another. Diagnoses include lumbar and cervical spine sprain/strain, and left shoulder sprain/strain. He has received medications, a home exercise programs, physical therapy, and topical compounds. Per the physician notes from 05/28/14 the left shoulder was improving, neck was getting better with occasional stabbing pain, and the low back pain was constant. Mild to moderate improvement was noted in the cervical spine symptoms. The treatment plan included continuing pain medications and beginning acupuncture. The Acupuncture treatments were denied by the Claims Administrator on 06/03/14 and this treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 (physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the guidelines (MTUS). 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 request from the primary care physician did not indicate the number of sessions requested, the frequency for the acupuncture care, or goals for such request. Therefore, the request for acupuncture is not supported for medical necessity. Also, the acupuncture provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.