

Case Number:	CM14-0110732		
Date Assigned:	08/01/2014	Date of Injury:	05/29/2012
Decision Date:	01/27/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Practice 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:

This injured worker's date of injury is 05/29/2012. The initial injury occurred at work when the patient and a coworker lifted a 300 pound fountain and placed it down. The patient felt low back pain and later on felt numbness and tingling in the hands and wrists. This patient receives treatment for chronic neck, low back, shoulder, and upper extremity pain. The patient received physical therapy and then chiropractic treatment of the neck and lower back. The patient received a steroid injection into the L elbow for lateral epicondylitis. Medications taken include Motrin, Norflex, Flexiril, Avinza, Diazepam, and hydrocodone with acetaminophen. Electrodiagnostic studies of the upper extremities were negative. On 03/16/2013 the patient began to receive acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient receives treatment for chronic neck and low back pain. The medical documentation describes previous acupuncture treatments beginning in March 2013.

The guidelines state that the frequency and duration of acupuncture should fall between: 3 to 6 treatments for functional improvement and the optimal duration is up to 2 months. The documentation does not clearly state that these treatments have produced a significant pain reduction nor a quantifiable benefit in return of function. Based on the documentation, additional acupuncture is not medically indicated.