

Case Number:	CM14-0116834		
Date Assigned:	08/04/2014	Date of Injury:	07/12/2013
Decision Date:	03/05/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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: Chiropractor, 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 37 year old male who reports pain in his index finger, lower back, upper back and head resulting from a work related injury on 07/12/2013. Patient was standing on a scaffolding when the scaffolding gave way, he fell approximately ten feet and the scaffolding fell on top of him. Patient is diagnosed with the following: cervical sprain/strain, lumbar sprain/strain, right lumbar radicular symptoms, and right wrist pain/right hand pain. Per physician's notes dated 06/24/2014, low back pain to the right of midline is persistent and at times severe. Right wrist pain also persists, worse medially. When wrist pain flares, fingers of the right hand become numb. Objective findings reveal the following on the right wrist: 1 inch healed scar, tenderness to palpation at the right 2nd digit, right wrist is tender medially, equivocal blunting to pin in right palm and volar fingers. Lumbosacral range of motion is 50% expected with guarding in all planes; brisk lower extremities deep tendon reflexes symmetrical and give way weakness of the right foot dorsiflexors. Patient has been treated with medications and physical therapy. Primary treating physician requested 8 acupuncture visits which were modified to 4 by the utilization reviewer per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 4 sessions (Lumbar Spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 8 acupuncture treatments which were modified to 4 acupuncture sessions by the utilization reviewer. Requested visits exceed the quantity supported by cited guidelines. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.