

Case Number:	CM14-0179881		
Date Assigned:	11/04/2014	Date of Injury:	08/27/2009
Decision Date:	02/26/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

58y/o female injured worker with date of injury 6/27/09 with related low back and hip pain. Per progress report dated 10/21/14, the injured worker continued with complaints of soft tissue rheumatism and recurrent right trochanteric bursitis. She had completed three-level fusion from L3 to S1. She continued to have axial pain and scoliosis. Per physical exam, her movements were very restricted and stiff, she was in a lumbar brace support with right pelvic tilt. She had moderate-to-severe right trochanteric bursa tenderness and tenderness over the right gluteus medius insertion. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery and medication management. The date of UR decision was 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20"With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints.As the request does not indicate treatment duration, frequency, or the targeted body part, medical necessity cannot be affirmed.