

Case Number:	CM14-0188859		
Date Assigned:	11/20/2014	Date of Injury:	10/06/2009
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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 Medicine 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 is a 29 years old male patient who sustained an injury on 4/09/2012. The current diagnoses include pain in joint involving hand and lumbosacral spondylosis without myelopathy. He sustained the injury due to cumulative trauma from repetitive movement. Per the doctor's note dated 9/12/14, he had complaints of back pain. Patient is having gastric/ abdominal symptoms with pain medications. He has tried NSAIDs, Tramadol, Cyclobenzaprine. Physical examination revealed stiffness and spasm of the lower lumbar spine, negative straight leg raising test; myofascial pain and tenderness. The medication list includes topical analgesic cream. He has had lumbar MRI which revealed broad based disc bulge at L5-S1. He has had physical therapy visits for this injury. He was declared permanent and stationary as of 5/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 sessions over 2 weeks Lumbar and Hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Therefore the requested visits are within the recommended cited criteria. Patient is having intolerance to oral pain medications. He has tried NSAIDs, tramadol, cyclobenzaprine. He has also tried physical therapy visits. Therefore the request for Acupuncture 3 sessions over 2 weeks Lumbar and Hand is medically necessary and appropriate for this patient at this juncture.