

Case Number:	CM14-0190340		
Date Assigned:	11/21/2014	Date of Injury:	08/25/2006
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Chiropractic, has a subspecialty in Acupuncture 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:

The injured worker is a 60 year old female who reported neck, low back, shoulder and right wrist pain from injury sustained on 08/25/06. She was pushing a trash container which weighed 50 pounds that fell on her. Injured worker is diagnosed with lumbar radiculopathy, disc disorder lumbar, chronic back pain, cervical pain, bilateral shoulder pain, cervical disc disorder, and right wrist pain. Injured worker has been treated with ORIF surgery of right wrist in 2009, medication, physical therapy, epidural injection and acupuncture. Per medical notes dated 08/25/14, injured worker rates her pain with medication at 2/10a and 5/10 without medication. Per medical notes dated 10/16/14, injured worker has completed 6/6 sessions of acupuncture which gave her significant relief of symptoms and allowed her to decrease her medication usage. Injured worker rates her pain with medication as 1/10. Provider requested additional 12 acupuncture sessions which were denied by the utilization review on 11/05/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Session for the Low Back: 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". Injured worker has had prior acupuncture treatment. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Additional visits may be rendered if the injured worker has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, the request for 12 Acupuncture Treatments are not medically necessary.