

Case Number:	CM14-0190545		
Date Assigned:	11/24/2014	Date of Injury:	04/17/2014
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
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 licensed in Chiropractic and 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 40-year old female who reported low back pain from injury sustained on 04/17/14. On the day on injury, patient was lifting boxes of strawberries and was called by her supervisor, when the patient looked up she felt a strain in her low back and pain down the left leg. Patient is diagnosed with enthesopathy of hips; other abdomen and pelvis symptoms. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 10/09/14, there has been no significant improvement since the last exam. She continues to have low back pain as well as left lower extremity pain, she has numbness and tingling in bother legs but more severe on the left; "she continues to take medication for pain, she will begin acupuncture tomorrow". Per medical notes dated 11/06/14, there has been no significant improvement since last exam; she continues to have low back pain and left hip pain. She has undergone physical therapy and chiropractic with no relief. She takes medication for pain, which helps her function. Examination revealed tenderness to pressure over the left hip joint. Provider requested 3X4 acupuncture treatments which were denied by the utilization review on 10/28/14. 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:

Acupuncture 3 times a week for 4 weeks: 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. Per medical notes dated 10/09/14, there has been no significant improvement since the last exam. She continues to have low back pain as well as left lower extremity pain, she has numbness and tingling in both legs but more severe on the left; "she continues to take medication for pain, she will begin acupuncture tomorrow. Provider requested 3X4 acupuncture treatments which were denied by the utilization review on 10/28/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Per guidelines and review of evidence, 3X4 Acupuncture visits are not medically necessary.