

Case Number:	CM14-0107099		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2012
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 56 year old male who reported neck and low back pain from injury sustained on 11/16/12. Mechanism of injury is not documented in the provided medical records. X-rays of knee revealed mild tricompartmental osteoarthritis, right knee osteochondral irregularity and mild left knee osteoarthritis. X-rays of the lumbar spine revealed multilevel degenerative changes most pronounced at L5-S1. X-rays of the right shoulder revealed calcific tendinosis. Patient is diagnosed with cervical and lumbar discopathy and lumbago. Patient has been treated with medication and therapy. Per medical notes dated 06/06/14, patient complains of pain in the thoracic spine and low back that is aggravated by lifting, bending, twisting, pushing and pulling. There is radiation of pain into the lower extremity. Pain is unchanged and is rated at 7/10. Examination revealed palpable paravertebral muscle tenderness with spasm. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any previously administered). Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions 2 x 6 (Lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS-Acupuncture Medical treatment Guidelines, pages 8 and 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." According to medical records, it is unclear if the patient has had prior acupuncture treatment. There are no records of previous acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). Provider is recommending 12 acupuncture treatments. 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. Per guidelines and review of evidence, 12 acupuncture visits are not medically necessary.