

Case Number:	CM14-0113816		
Date Assigned:	08/01/2014	Date of Injury:	08/18/1985
Decision Date:	09/19/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

56 year old male injured worker with date of injury 8/16/85 with related neck and back pain. Per progress report dated 6/13/14, he rated his pain 7.5/10. It was noted that he was improving as a result of 4 sessions of acupuncture. He stated his back and neck felt a little looser. Pain radiating into his right posterior thigh had decreased in duration as a result, but it had the same intensity and frequency. He complained of numbness in his right leg, and soreness in his right foot and ankle. Physical exam noted tenderness over the paracervical musculature, thoracic spine, and lumbar spine. There was also muscle spasms noted. Imaging studies were not available for review. He has been treated with physical therapy, chiropractic manipulation, acupuncture, TENS, and medication management. The date of UR decision was 6/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2XWK X 3WKS CERVICAL, LUMBAR, THORACIC: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Acupuncture Treatment Guidelines.

Decision rationale: 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 page 309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints. The documentation submitted for review indicates the injured has had at least four sessions of acupuncture. It was noted that he experienced a reduction in the duration of radiating pain to his posterior thigh, and that his neck and back felt looser. However, this is insufficient functional benefit from the treatment to warrant continued treatment, per adherence to the guidelines. The request is not medically necessary.