

Case Number:	CM14-0116230		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2010
Decision Date:	09/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 involves a female employee who has filed an industrial claim for lumbar spine and right knee injury that occurred on 3/31/10. There was a re-injury that occurred in November 2010 and December 2011. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of continual pain and reduction in function. The treating physician requested twelve sessions of acupuncture to treat her pain and to reduce some of her symptoms. Records provided do not indicate prior acupuncture care. Her diagnosis consists of spinal stenosis, not cervical, thoracic/lumbosacral neuritis/radiculitis, lumbar sprain/strain, and sprain/strain of unspecified site of knee and leg. Her treatment to date includes, but is not limited to, MRI's, acupuncture, physical therapy, EMG/NCV studies, chiropractic care, home exercise program, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 7/09/14, the UR determination did not approve the twelve sessions of acupuncture, but did modify the request and approve six sessions of acupuncture citing MTUS guidelines that 3-4 visits over two weeks is recommended as an initial trial. Further acupuncture care will require evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation and treatment x 12 visits lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated utilizing the MTUS guidelines for Acupuncture Medical Treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "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." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program and an unchanged work status. Therefore, given the MTUS guidelines for acupuncture care detailed above with additional emphasis on the MTUS guidelines stating an initial trial is 3-6 visits over the course of two weeks is necessary to produce functional improvement, the original request of twelve sessions of acupuncture is not medically necessary.