

Case Number:	CM14-0117087		
Date Assigned:	08/04/2014	Date of Injury:	06/18/2010
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
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 Family 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:

This is a female patient who reported an industrial injury on 6/18/2010, over four (4) years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for the diagnoses of spinal stenosis without neurogenic claudication; carpal tunnel syndrome; lumbar spine DDD; displacement thoracic/lumbosacral intervertebral disc; injury to lumbar nerve root; lumbago; postsurgical status; and sciatica. The patient is noted to have undergone lumbar spine fusion and is status post CTR. The patient is documented to have received 16+ sessions of acupuncture with no sustained functional improvement. The request for authorization is for eight (8) additional sessions of acupuncture directed to the bilateral wrists and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Acupuncture Lumbar Spine & Bilateral Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for eight (8) additional sessions of acupuncture directed to the back/wrist was not supported with objective evidence of functional improvement with the

previous certified sessions of acupuncture. There was no sustained functional improvement documented. There is no demonstrated medical necessity for eight (8) additional sessions of acupuncture. There was no provided conservative care by the requesting physician prior to the request for acupuncture after it was noted that the patient had received a significant number of sessions of physical therapy. The treating physician requested acupuncture sessions to the back/wrist based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the California Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the California MTUS recommended number of sessions of acupuncture over a 1-2 month period of treatment. The patient is documented to have received 16+ prior sessions of acupuncture with no sustained functional improvement. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture. There is no medical necessity for the current prescription of acupuncture. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the back. The use of acupuncture is not demonstrated to be medically necessary. There is no objective evidence to support the continued treatment with acupuncture directed to the cited diagnoses. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the California Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. There is no demonstrated medical necessity for the requested additional sessions of acupuncture.