

Case Number:	CM14-0122885		
Date Assigned:	09/16/2014	Date of Injury:	06/27/2012
Decision Date:	10/17/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 Acupuncturist and is licensed to practice in Florida. 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 patient is a 56-year-old female that sustained an industrial injury on 6/27/12. She sustained these injuries while assisting a wheelchair bound patient down the ramp from her ambulance onto the sidewalk. The patient has been diagnosed with: neck sprain, thoracic sprain, lumbar sprain multilevel annular tear lumbar spine with associated disc protrusion and cervical spondylosis, multilevel, with neck pain and myospasms. The patient has been prescribed the following medications: Methoderm cream. The documentation provided suggests the patient has received PT, chiropractic care, at least 1 epidural injection to the lumbar spine and acupuncture for her injuries. She was also counseled on core strengthening exercises, weight management dieting and routine non-impact aerobic exercises. After reviewing the 165 pages of records provided, there is no evidence of functional improvement from the previous acupuncture treatments the patient received. Therefore, the medical necessity for the requested 12 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 x 4 (2-3 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: The patient is a 56-year-old female that sustained an industrial injury on 6/27/12. The patient was assisting a wheelchair bound patient onto the sidewalk when she felt a sharp pain in her neck and low back. The records indicate injuries to her neck and low back. She has had PT, chiropractic care, least 1 epidural injection to the lumbar spine and acupuncture for her injuries. She was also counseled on core strengthening exercises, weight management dieting and routine non-impact aerobic exercises. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 expedite functional recovery. CA MTUS Acupuncture Guidelines require clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. Therefore, the medical necessity for the requested 12 acupuncture sessions has not been established.