

Case Number:	CM14-0124492		
Date Assigned:	09/25/2014	Date of Injury:	01/05/2003
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 licensed in Acupuncture and is licensed to practice in Connecticut and 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:

According to the records made available for review, this is a 67 year old female patient sustained a right ankle and lower back injury with a 1/2/2013 date of injury as a result of exiting an elevator with a fall to the ground. As of 8/20/14, patient had objective findings including limited range of lumbar motion, positive braggards test, paraspinal tenderness. There is also right ankle tenderness and restricted range of motion with reports of pain. Lumbar MRI revealed some deficits including L4/5 disc protrusion. Patient uses a cane and uses a lumbar support. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X8 there is documentation of main subjective pain complaints on the above.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Therapy Sessions for the L-Spine and RT Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is not clear from the clinical information submitted as to the rehabilitative benefits of acupuncture at this point in time 11 years after her injury. Initiating acupuncture is not medically necessary. MTUS guidelines do not address 11 year old injuries. This request does

not meet current standard of care, as medically necessary based on current clinical information. No objective barriers have been identified which would have prevented the natural resolution of the work injury after 11 years. Based on the information at this time the requested treatment is not appropriate and is not medically necessary.