

Case Number:	CM14-0127349		
Date Assigned:	09/23/2014	Date of Injury:	08/28/2009
Decision Date:	10/22/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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 a licensed 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 69 year old male that sustained an industrial injury on 8/28/08 - 8/28/09. The mechanism of injury is not provided. His diagnosis in June 2014 is cervical sprain/strain, Lumbar sprain/strain with radicular symptoms to the bilateral thighs and Left sacroiliac joint sprain. He is on the following medications: Robaxin, Atenolol, and Chlorthalidon. Diazepam, Fluntsolide, Anaprox, Norflex and Omeprazole. The documentation suggests the patient has had acupuncture in the past. The patient has had acupuncture sessions in the past and has had improvement from the treatment. The records indicate the patients work status is usual and customary. The available documentation provides the rational, goals and body parts to be treated and/or the outcome of any prior acupuncture sessions to support additional acupuncture treatments. The records provided establish the medical necessity for the request of 2 X 3 visits for acupuncture (only) session for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 visits (with infra red lamp/medical supply/kinesio tape) - Cervical and lumbar spine.: Overturned

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 69 year old male that sustained an industrial injury 8/28/08-8/28/09. The mechanism of the injury is unknown. He sustained injuries to his neck and low back. He has had PT, medication and acupuncture in the past. The documentation shows functional improvement with the previous acupuncture treatments. 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. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does provide information that the patient received benefit from the previous acupuncture sessions, and the objective findings from the provider are known. The medical necessity for the requested acupuncture (only) sessions has been established. Therefore, 2 x visits for acupuncture only for the cervical spine and lumbar spine is medically necessary.