

Case Number:	CM14-0130718		
Date Assigned:	08/20/2014	Date of Injury:	01/19/2014
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 Chiropractic, has a subspecialty in Acupuncture 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:

The injured worker is a 29 year old female who reported low back and bilateral hand/wrist pain from injury sustained on 01/19/14 due to slip and fall. MRI of the lumbar spine revealed degenerative changes and disc material and facet hypertrophy causing narrowing of left IVF. Patient is diagnosed with Lumbar spine sprain/strain; bilateral hand/wrist sprain/strain and trigger finger 3rd left. Patient has been treated with medication and therapy. Per medical notes dated 05/30/14, patient complains of low back pain with radicular symptoms and bilateral wrist pain. Per medical notes dated 07/11/14, patient complains of pain in the low back with radicular symptoms into bilateral legs. Symptoms are aggravated with prolonged sitting, standing and walking. Patient complains of pain in bilateral wrists aggravated with repetitive forceful gripping and grasping. Examination revealed decreased range of motion and tenderness to palpation. Provider is requesting initial trial of 12-18 acupuncture treatments to decrease muscle spasm and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12-18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12-18 Acupuncture visits are not medically necessary.