

Case Number:	CM14-0140517		
Date Assigned:	09/10/2014	Date of Injury:	01/03/2014
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 61-year-old female that suffered an industrial injury on 1/3/14. A stack of boxes was knocked over by a forklift operator, falling onto the patient. The diagnosis for this patient is: degenerative lumbar disc disease; sprain lumbar spine and sacroiliac joint with sacroiliac joint inflammation; 3mm foraminal disc protrusion right side L5-S1 and 3-4 mm disc at L3-L4 and L4-L5; pre-existing cervical spondylosis with marked disc space narrowing C5-C6 and C6-C7; and minor contusion right palm resolved. She was prescribed Naprosyn, Prilosec, extra strength Tylenol, Vicodin, Zanaflex, topical cream and Terocin patches. She also has cortisone injections in her neck. She was provided with stretching exercises as well as Mackensie exercises should be done. The records show that the patient has had 24 sessions of acupuncture, however, the progress notes do not reflect any functional improvement. One SOAP note does stipulate a reduction in pain (6/13/14). Acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The functional improvement or continued pain reduction for this patient is not documented. Therefore, the request for acupuncture treatments 6 sessions would not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing acupuncture 6 session to unknown body parts: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Guidelines states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The functional improvement or continued pain reduction for this patient is not documented. Therefore, the request for acupuncture treatments 6 sessions would not be medically necessary.