MAXIMUS Federal Services

Case Number:	CM14-0143022		
Date Assigned:	09/12/2014	Date of Injury:	04/08/1999
Decision Date:	11/13/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic Surgery 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:

52-year-old female claimant with an industrial injury dated 04/08/99. Exam note 4/3/14 demonstrates complaints of significant amount of pain. Report states that patient has fibromyalgia and dysfunction. Complaints of neck pain, arm pain and difficulty lifting, pushing and pulling. Report that patient did receive some acupuncture which reduced her pain. Report states that patient continues with modified work activities. Report states that, "we are just providing the patient with maintenance treatment." Exam note 5/29/14 states that patient returns with flare-up of neck pain and pain in the mid and lower back. Exam demonstrates tenderness, guarding in the cervical, thoracic and lumbar spine. Peer report dated 08/27/14 states that the patient complaints of alleged chronic orthopedic injuries. The patient is status post extensive acupuncture treatments since 2012. The patient continues to complain of neck pain, along with low back pain radiating to the upper and lower extremities. Conservative treatments include an at home exercise program. Treatment includes additional acupuncture. Attached records do not demonstrate prior acupuncture visits completed or prior response to them.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Cervical Spine and Lumbar Spine #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical Treatment Guidelines, pages 8&9; frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented asdefined in Section 9792.20(ef).The guidelines specifically report 3-6 treatments initially. While there is report of some improvement in the exam note of 4/3/14, there is no objective functional improvement, visual analog score change or documentation in the records of prior visits completed. Therefore, the acupuncture for Cervical Spine and Lumbar Spine #12 is not medically necessary and appropriate.