

Case Number:	CM14-0147408		
Date Assigned:	09/15/2014	Date of Injury:	01/25/2013
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 53-year old male who sustained an industrial injury on 1/25/13. The mechanism of the injury is unknown. Current diagnoses by the L.Ac. is: Cervical spine strain/sprain; Ulnar Neuritis of left hand; Arm strain; and Bursitis/Tendinitis of right shoulder. He has received approximately 18 PT sessions and approximately 12 acupuncture sessions. The patient is taking Naproxen. After reviewing 77 pages of documentation, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested 12 acupuncture sessions for the cervical and lumbar spines has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for lumbar and cervical spine: Upheld

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 53-year-old male that sustained an industrial injury on 1/25/13. The mechanism of the injury is unknown. His previous diagnosis was Sprain/strain neck and low back pain. He received approximately 18 PT sessions, medication, heating pads

and approximately 12 acupuncture sessions starting in May 2014. In July 2014, there is a SOAP note stating that the patient is improving with acupuncture, however the lumbosacral pain is getting worse. 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 require clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown.