

Case Number:	CM14-0161473		
Date Assigned:	10/06/2014	Date of Injury:	08/04/2013
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 New York and Connecticut. 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:

According to the records made available for review, this is a 27 year old male patient who sustained a lumbar injury on 8/4/2013 resulting from breaking down a pallet. There was an MRI of the lumbar spine on 8/13/13. Diagnosis is L4/5 disc herniations, lumbago and facet joint arthropathy. According to the exam on 5/5/14, there is limited range of motion and spasm/tenderness L4-S1. Patient is taking oral medication, had physical therapy and does home exercise. Straight leg raising was positive at 60 degrees. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture X12, there is documentation of main subjective pain complaints on the above. There is lack of information on the amount of prior acupuncture or documentation of objective/functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is not medically necessary. In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the

presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. No information was provided on whether patient had prior acupuncture, over what timeframe and whether the amount was consistent with guidelines. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. The medical records in this file did not clearly document whether patient did receive acupuncture, and this is for continued care, and whether there was any functional improvement. For these reasons acupuncture is not supported by guidelines.