

Case Number:	CM14-0164733		
Date Assigned:	10/09/2014	Date of Injury:	06/11/2011
Decision Date:	11/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2014

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. 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 62 year old female with a 6/11/11 date of injury. Mechanism of injury is the result of a fall while performing housekeeping duties. At the time of the request for authorization of 6 acupuncture sessions, there is documentation of subjective (neck, upper back and lower back pain, right shoulder pain) and objective (lumbar tenderness to palpation, limited lumbar range of motion, cervical decreased range of motion and tenderness, positive Spurling sign) findings. There is documentation of a request for acupuncture authorization of 6 sessions. There is documentation of 6 prior acupuncture sessions in 2014. Documentation includes daily range of motions and pain scales showing functional objective and subjective improvements. There is documentation of non-certification of those 6 sessions while noting benefit of treatment including decreased pain scale, increased range of motion and increased activities of daily living. Documentation provided includes additional treatments (physical therapy and medication). Records do mention the addition of acupuncture to continued physical rehabilitation in the form of home exercise. There is mention of pain medication dosage decrease and intolerance (9/3/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the lumbar spine for 6 sessions, 1 time a week for 6 weeks:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state acupuncture is an option when pain medication is reduced or not tolerated and/or it may be used as an adjunct to physical rehabilitation; both of these were documented. The Acupuncture Medical Treatment Guidelines state 3 to 6 treatments with a frequency of 1 to 3 times per week as an initial series to produce functional improvement. In 2014, records indicate functional objective gains from the initial 6 administered sessions of acupuncture. The request for an additional series of 6 sessions of acupuncture does meet the guidelines and therefore is medically necessary.