

Case Number:	CM14-0168165		
Date Assigned:	10/15/2014	Date of Injury:	07/31/2013
Decision Date:	11/18/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 69 years old male with an injury date on 07/31/2013. Based on the 09/15/2014 progress report provided by [REDACTED], the diagnoses are acute low back pain and neck pain or cervicgia. According to this report, the patient complains of back pain (lower or lumbar-sacral). Ranges of motion of the cervical and lumbar spine are restricted. Cervical and lumbar paraspinal muscles are moderately tender to palpation. The 07/17/2014 and 08/18/2014 reports exam findings remain unchanged. There were no other significant findings noted on this report. The utilization review denied the request on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/09/2014 to 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments three (3) times per week for four (4) weeks: 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 09/15/2014 report by [REDACTED] this patient presents with back pain (lower or lumbar-sacral). The provider is requesting 12 sessions of acupuncture

as it was recommended per QME. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of the reports does not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the provider has asked for 12 sessions of acupuncture which exceed guidelines recommendation; therefore, this request is not medically necessary.