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| Case Number: | CM14-0172174 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 02/04/2009 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 40 year old male with a date of injury on 2/4/2009. The injured worker sustained a low back injury. He was treated with physical therapy, epidural steroid injections and facet blocks with limited benefit. By 1/11, there was a recommendation for lumbar fusion, noting ongoing pain and a need for continued narcotic analgesics. The injured worker had lumbar fusion in 5/11 yet a year later he was still having back pain with left leg pain. There is a note from 12/13 showing that the injured worker was doing well. There is a follow up note from 4/14, at which time the injured worker stated that he had tried acupuncture on his own which he found helpful, and thus his physician requested a course of acupuncture treatment. A request for more acupuncture was made in 07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The data indicates that this was an injured worker with chronic back pain and some radicular leg pain as well. The injured worker had tried some acupuncture on his own,

which he felt was helpful. There then was apparently approval by the carrier for 6 more acupuncture sessions. The treating physician had indicated that this was helpful and request was then made for 12 more. Clinical guidelines do not support extensive ongoing use of acupuncture. In addition, to continue the use of a modality such as acupuncture, one needs better quantitative and objective measures of improvement, less pain medication, functional advancement and engagement in active rehabilitation measures. Lastly, one wants to closely monitor the injured worker's gains with the treatment at a more frequent interval than every 12 acupuncture sessions. Thus, the assessment at this time does support additional acupuncture, such as 6 sessions would be appropriate. However, the available data does not support the requested 12 more acupuncture sessions. The request for 12 Additional Acupuncture Visits is not medically necessary.