

Case Number:	CM14-0084865		
Date Assigned:	07/30/2014	Date of Injury:	07/08/2010
Decision Date:	12/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Californian. 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:

This is a 52-year old female patient with a date of injury on 7/8/2010. In a progress note dated 4/9/2014, the patient complained of pain in the low back and right buttock, which were both rated 4/10 on the VAS pain scale. She denied any changes in her symptoms since last visit. She was doing well with her medication regimen and denied any side effects. The medications continued to decrease her pain and spasms significantly. Objective findings: positive tenderness to palpation of right lumbar facet joints, and range of motion of lumbar spine was decreased in all planes with pain in extension. The diagnostic impression showed status post microlumbar decompression at right L2-L3 and L4-L5 on 2/9/2012, lumbar radiculopathy, and facet arthropathy. The treatment to date includes medication management, behavioral modification, and surgery. A UR decision dated 5/23/2014 denied the request for Acupuncture Weekly for 6 sessions, modifying it to 4 sessions. The rationale regarding the denial was that based on the currently available information, the medical necessity for a trial of acupuncture has been established. Therefore, the request is modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Weekly X 4 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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 hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, in the 4/9/2014 progress report, the patient's reported pain was only 4/10 on the VAS scale. Furthermore, the patient was subjectively doing well with her medication regimen, as they helped to decrease her pain and spasms significantly. There was no discussion regarding the objective functional goals and what additional benefit acupuncture would provide. Therefore, the request for Acupuncture Weekly for 6 weeks was not medically necessary.