

Case Number:	CM14-0202254		
Date Assigned:	12/12/2014	Date of Injury:	08/05/2013
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Acupuncturist, has a subspecialty in Chiropractic 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 47 year old male with an injury date of 08/05/2013. The mechanism of injury is not found in the documentation. The patient complained of pain in his low back which radiates to bilateral legs. The patient also complains of pain in his neck, right shoulder and bilateral ankles. 05/29/2014 MRI of the lumbar spine showed spondylosis changes, L5-S1 posterior annular tear and a 3-4mm posterior disc bulge resulting in moderate to severe left neural foraminal narrowing and bilateral nerve root compromise. Treatments provided to the patient included previous acupuncture treatments with noted improvement and Ibuprofen. The patient has been diagnosed with cervical spine strain/sprain, right shoulder impingement syndrome, lumbar spine strain/sprain, right ankle strain/sprain, and right Achilles tendonitis. Acupuncture 2x wk x 6 wks right ankle/ shoulder/lumbar spine was requested and denied per Utilization Review dated 11/05/2014 as not medically necessary per CAMTUS Acupuncture Guidelines and ACOEM Guidelines; Shoulder Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks for the right ankle, shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 1) 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture treatments for right ankle, shoulder and lumbar spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.