

Case Number:	CM14-0218522		
Date Assigned:	01/08/2015	Date of Injury:	02/03/2010
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 male, who sustained an industrial injury on 2/3/2010. On the day of injury patient was working on a ladder as a tree trimmer/landscaper when he fell and broke his wrist. The diagnoses have included cervical sprain/strain neck, thoracic sprain/strain, and lumbar sprain. He has been treated with medication, physical therapy, and chiropractic. On physician's progress report 12/08/2014 the injured worker has reported mid to low back pain. Examination revealed decreased lumbar range of motion with flexion. Pain elicited with walking on toes, tenderness to palpation of the paraspinal muscles in cervical, thoracic, and lumbar spine. Treatment plan included medication, exercise TENS, request acupuncture x 6 sessions. On 12/17/2014 Utilization Review modified acupuncture x6 session to 3 sessions. The CA MTUS, Acupuncture and Chronic Pain Medical Treatment Guidelines were cited. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 16.

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: 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 not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were modified to 3 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.