

Case Number:	CM14-0053317		
Date Assigned:	10/14/2014	Date of Injury:	08/07/2009
Decision Date:	02/04/2015	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/22/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 injured worker is a 64-year old female who reported neck, back, right wrist and bilateral knees pain from injury sustained on 08/07/09 while walking a dog and being pulled/ falling on stairs. Patient is diagnosed with sprain/strain of neck; brachial neuritis/ radiculitis; sprain/strain of lumbar and neuralgia; neuritis and radiculitis. Patient has been treated with medication. Per medical notes dated 08/13/14, patient complains of occasional moderate dull, achy low back pain, numbness and tingling, associated with sudden movements. Examination revealed tenderness to palpation of the bilateral sacroiliac joint and lumbar paravertebral muscles. It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 1X2 acupuncture treatment. 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 2 sessions, 1 x 2 (lumbar, cervical, right wrist, bilateral knees): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 1X2 acupuncture treatment. 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. Acupuncture is used as an adjunct to physical rehabilitation. Provider requested concurrent physical therapy and chiropractic treatment. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and functional goals which would be accomplished with treatment. Per guidelines and review of evidence, 1X2 Acupuncture visits are not medically necessary.