

Case Number:	CM15-0016717		
Date Assigned:	02/05/2015	Date of Injury:	02/01/2013
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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:

This 48 year old male sustained a work related injury on 02/01/2013. According to a progress report dated 12/22/2014, the injured worker complained of neck, lower back, left wrist, right knee and bilateral hip pain. Medication regimen included Norco and Motrin. The injured worker was currently not in chiropractic or physical therapy. According to the provider the injured worker had been authorized for physical therapy for the right knee and needed to schedule an appointment. The provider requested a short course of acupuncture two times a week for four weeks to the lumbar spine since the injured worker had not benefited from physical therapy. The injured worker was status post- surgery on the lumbar spine and he continued to have persistent pain and decreased functionality. On 01/07/2015, Utilization Review non-certified acupuncture for the lumbar spine 8 visits over 4 weeks. According to the Utilization Review physician, the request exceeds guideline recommendations and there was no indication that the injured worker had pain medication reduction or that this acupuncture would be used as an adjunct to physical rehabilitation or surgical intervention. CA MTUS Acupuncture Guidelines pages 9-10 were referenced. The 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 for the lumbar spine 8 visits over 4 weeks: 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 whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for eight visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits that have been performed should be submitted. Eight visits of acupuncture are not medically necessary.