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| Case Number: | CM15-0090020 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 09/18/2013 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: Family Practice

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 42 year old male, who sustained an industrial injury on 9/18/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having internal derangement of bilateral hips and lumbago. There is no record of a recent diagnostic study. Treatment to date has included acupuncture and medication management. In a progress note dated 4/7/2015, the injured worker complains of low back pain with radiation to the bilateral lower extremities. The treating physician is requesting 8 acupuncture sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture treatments for the lumbar spine (2 x 4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of acupuncture as a treatment modality. These guidelines refer to Section 9792. 24. 1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. Section 9792. 24. 1 comments on the frequency and duration of acupuncture treatments. Specifically they state the following: Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792. 20(e). In this case, the records indicate that the patient has previously been approved for 6 acupuncture treatment sessions in January 2015. Approval of six treatment sessions is consistent with the above cited guidelines. In order to extend treatment, there must be documented evidence of functional improvement. The medical records do not provide evidence of functional improvement from these prior six sessions. Therefore, there is insufficient evidence to support 8 additional acupuncture treatments for the lumbar spine (2X4). This treatment is not considered as medically necessary.