

Case Number:	CM13-0041469		
Date Assigned:	02/21/2014	Date of Injury:	11/19/2005
Decision Date:	02/05/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 licensed in Acupuncturist 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 59 year old female who with an injury date of 11/19/2005. The injured worker stated she was involved in an accident while riding the bus, which resulted in pain across her low back, right and left side, in addition to pain in her groin on the left side and left hip, she stated having difficulty pain and lifting of her left leg. Diagnoses include iliotibial band inflammation, chronic low back pain due to muscle spasms and tightness, left hip pain, groin pain and nerve pain from the back radiating to the legs. Treatments have consisted of restrictions and intermittent sitting, standing, and walking as tolerated. Most recent physician report dated 09/13/2013 the physician documents the injured worker continues with back pain with movement and motion particularly from sitting to standing, the pain radiates to both lower legs, and the injured worker described the pain as being constant, back spasms, numbness in both lower legs sometimes. This is a request for Acupuncture 8 sessions. On October 02, 2013 utilization review was performed for the Acupuncture 8 sessions requested and was recommended for partial-certification. According to CA MTUS guidelines; acupuncture care as an option when pain medication is reduced or not tolerate and indicates that it may be used as an adjunct to physical rehabilitation anor surgical intervention to hasten function recovery. In this case, the claimant has deficits involving multiple body parts and there is no indication that the claimant had acupuncture care in the past, a trial is reasonable. Therefore, recommendation is for partial certification of 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture visits: 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: 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". The patient has not had prior 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. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 acupuncture visits are not medically necessary.