

Case Number:	CM14-0144554		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 a licensed Doctor of Chiropractic, 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 patient is a 51-year-old female with a date of injury of 10/12/2006. According to the progress report dated 7/23/2014, the patient complained of neck, lower back, right shoulder, right hip, right knee, right foot, left knee, and left foot pain. The left knee pain started about a month ago due to overcompensating for her right industrial knee pain. Significant objective findings include light touch sensation to the right anterior thigh; right calf and right lateral ankle are intact. The patient was diagnosed with cervical spine strain, lumbar spine strains, right shoulder strain, right hip surgery 2010, left hip strain, right knee surgery 2010, right foot strain, left foot strengths, and other problems unrelated to current evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture treatment sessions, 1 x 6 (cervical and lumbar spine, bilateral hips):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline recommends acupuncture for chronic pain. It recommends a trial of 3 to 6 visits, 1 to 3 times a week over 1 to 2 months to

produce functional improvement. It states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). The utilization reviewer reported that there was documentation of treatment that has included chiropractic care, acupuncture, pain management referral, and multiple steroid injections to the hip, knee, and shoulders. The reviewer stated that the patient has already undergone a significant course of acupuncture. In addition the reviewer stated that the continued use of acupuncture at this chronic stage in the course of care is not supported. Based on the submitted medical documents there was no evidence that the patient had prior acupuncture care. Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guideline recommends 3-6 visits. Therefore, the provider's request for six acupuncture sessions is medically necessary at this time.