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| Case Number: | CM13-0029952 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 07/25/2013 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, unspecified amounts of physical therapy; topical compounds; and several weeks off of work. In a utilization review report of September 20, 2013, the claims administrator denied a request for acupuncture on the grounds that the MTUS Acupuncture Guidelines do not support acupuncture except in cases when oral medications are not tolerated. The outdated 2007 MTUS Acupuncture Guidelines were cited. The applicant's attorney subsequently appealed. A November 8, 2013 progress note is notable for comments that the applicant is diagnosed with lumbar radiculopathy, myofascial pain, myofascial trigger points, and degenerative disk disease. Topical compounds and acupuncture are endorsed while the applicant remains off of work. It is stated that the applicant has had some chiropractic care and acupuncture without relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x10 visits for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS 9792.24.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Thus, the MTUS does not support acupuncture of the duration and extent proposed by the attending provider. It is incidentally noted, however, that MTUS 9792.24.1.a.1 does support usage of acupuncture for a wide variety of proposes and not solely in the situation in which pain medications are not controlled, contrary to what was suggested by the claims administrator. Nevertheless, the 10-session course of treatment being proposed here cannot be approved as it represents treatment well in excess of the amount endorsed by the MTUS. Accordingly, the request is not certified.