

Case Number:	CM13-0030128		
Date Assigned:	03/19/2014	Date of Injury:	11/21/1997
Decision Date:	07/03/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 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 applicant has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of November 21, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar support; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated September 6, 2013, the claims administrator denied a request for 12 sessions of acupuncture. The claims administrator's rationale was extremely sparse and very difficult to follow. The claims administrator cited 2007 MTUS Acupuncture Guidelines, in part, in its denial. The claims administrator did seemingly frame the request as an initial request for acupuncture while other sections of the report stated that the applicant may have had prior acupuncture. Overall rationale, as noted, was extremely difficult to follow. The applicant's attorney subsequently appealed. An April 11, 2013, progress note is notable for comments that the applicant reported persistent low back and neck pain. A 12-session course of acupuncture was endorsed, along with a lumbar corset. It appears that acupuncture was earlier requested on February 20, 2013, although it did not appear that the applicant ever received the acupuncture in question. The remainder of the file was surveyed. Overall, the documentation was quite scant. There was no evidence of the applicant having received prior acupuncture. There are no acupuncture progress notes, for instance, were on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR AND CERVICAL SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Yes, the proposed 12-session initial course of acupuncture is medically necessary, medically appropriate, and indicated here. While this does result in initiation of treatment seemingly in excess of the 3- to 6-session course deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1, in this case, however, partial certifications are not permissible through the independent medical review process. The request in question seemingly represents a first-time request for acupuncture. Provision of some acupuncture, then, is preferable to provision of no acupuncture whatsoever. There is no compelling evidence that the applicant has had any prior acupuncture at any point during the course of the claim. The claims administrator has seemingly posed the request as a first-time request for acupuncture. MTUS 9792.24.1.a.3 does support acupuncture in the chronic pain context present here. Therefore, the request is medically necessary, for all the stated reasons.