

Case Number:	CM13-0033621		
Date Assigned:	12/06/2013	Date of Injury:	03/18/2013
Decision Date:	03/19/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is licensed in Chiropractor and 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 patient is addressed as a 59-year-old who sustained an industrial injury on 3/27/2013; mechanism of injury is unknown. A PR-2 report from [REDACTED], [REDACTED] was dated 8/27/2013 requesting acupuncture cupping and infrared heat therapy 2x6 to manage the patient lumbar spine and bilateral ankle residuals. The medical report did not address the patient receiving any prior Acupuncture care. On 9/13/2013 a Utilization Review denial was issued denying the requested acupuncture cupping a concurrent use of infrared therapy, both requested at 2x6. Rationale included the CA MTUS Acupuncture treatment Guidelines that reflect and initial trial of care to be 3-6 visits, 1-3 xs per week with duration of 1-2 months. CA MTUS Guidelines were referenced for the use of heat/ice.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for Acupuncture (cupping) 2 times per week for 6 weeks to the Bilateral Ankles and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): s 98-99.

Decision rationale: The patient is addressed as a 59 year old who sustained an industrial injury on 3/27/2013; mechanism of injury is unknown. The PR-2 report from [REDACTED], [REDACTED] requesting Acupuncture cupping was to manage reported Achilles tendinitis, multilevel disc displacement and lumbar spine muscle spasms. Although the referenced CA MTUS Acupuncture Treatment Guidelines would support an initial trial of 3-6 sessions and Official Disability Guidelines supporting Acupuncture care 3-4 visits over 2 weeks, the request for 12 sessions exceeds guidelines as referenced. There was no reporting of any extraordinary circumstances presented by [REDACTED] that would support exceeding referenced Guidelines. The Utilization Review determination of 9/13/13 referenced the CA MTUS Acupuncture Treatment Guidelines as rational for denial which was appropriate. The medical necessity for 12 acupuncture cupping sessions was not provided. Therefore the request for 12 Acupuncture cupping sessions is not medically necessary.

request for Infrared Lamp 2 times per week for 6 week to the Bilateral Ankles and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): s 1039-1041; 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): s 98-99.

Decision rationale: The patient is addressed as a 59 year old who sustained an industrial injury on 3/27/2013; mechanism of injury is unknown. The PR-2 report from [REDACTED], [REDACTED] requesting infrared heat application in conjunction with Acupuncture cupping was to manage reported Achilles tendinitis, multilevel disc displacement and lumbar spine muscle spasms. Although the referenced CA MTUS Chronic Treatment Guidelines and Official Disability Guidelines (ODG) support the use of heat for an initial trial of 6 sessions per MTUS and from up to 3 sessions per ODG Guidelines, the request for 12 sessions exceeds referenced guidelines as referenced. There was no reporting of any extraordinary circumstances presented by [REDACTED] that would support exceeding referenced Guidelines. The Utilization Review determination of 9/13/13 referenced the CA MTUS Acupuncture Treatment Guidelines and CA MTUS 2009 Guidelines as rational for denial was appropriate. The medical necessity for 12 infrared therapy sessions was not provided. Therefore the request for 12 infrared therapy sessions is not medically necessary.