

Case Number:	CM13-0036821		
Date Assigned:	12/13/2013	Date of Injury:	12/27/2011
Decision Date:	07/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 is a male employee who has filed a claim for an injury to his neck, back and bilateral shoulders. The incident occurred on December 27, 2011 where the applicant had a heavy door land or slam into his right side of his head and shoulder, thus slamming him to the ground and landing with the door on top of him, on his left side. Immediately he felt dizzy and the following day went to the industrial clinic. As of August 2013, his current complaints consist of headaches, neck, lower back, shoulder pain and additionally complains of abdominal and gastrointestinal issues. Evidently, a request for additional acupuncture occurred prior to this request and not certified in August 2013, in light of "functional improvement", as defined as MTUS. Since the incident, the applicant's treatments consisted of, but not limited to the following: orthopedic, physical therapy, neurological assessment, chiropractic and acupuncture care, multiple MRIs and X-rays, psychological evaluation, internal medical evaluation, functional capacity assessment, epidural steroid injections and pain and anti-inflammatory medications. In the utilization review report, dated September 23, 2013, the UR determination was unable to approve these additional six acupuncture, six electro-acupuncture, six cupping, and six infra-red therapy sessions. On September 9, 2013, the physician advisor faxed a request to the treating provider requesting further information of any subjective, objective, and functional improvement findings arising from recent acupuncture treatments. No reply occurred in a timely manner. Therefore, this request was denied based on administrative regulations and would be re-opened if such documentation is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 6/25/2013 and 8/15/2013 6 acupuncture visits at once a week for 6 weeks:
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.

Decision rationale: The applicant received an initial round of acupuncture approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through copious amount of provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. The request for six acupuncture visits at once a week for six weeks, performed from June 25, 2013 to August 15, 2013, is not medically necessary or appropriate.

Retrospective 6/25/2013 to 8/15/2013 6 acupuncture visits with electrical stimulation at once a week for 6 weeks: 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.

Decision rationale: The applicant received an initial round of acupuncture approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through copious amount of provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. The request for six acupuncture visits with electrical stimulation at once a week for six weeks, performed from June 25, 2013 to August 15, 2013, is not medically necessary or appropriate.

Retrospective 6/25/2013 and 8/15/2013 6 cupping therapies at once a week for 6 weeks:
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.

Decision rationale: This request is denied based on lack of evidence-based guidelines strictly related to cupping therapy independent of any acupuncture treatment. The retrospective request for six cupping therapies at once a week for six weeks, performed from June 25, 2013 to August 15, 2013, is not medically necessary or appropriate.

Retrospective 6/25/2013 and 8/15/2013 6 infrared lamp therapies at once a week for 6 weeks:
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.

Decision rationale: This request is denied based on lack of evidence-based guidelines strictly related to infrared heat lamp therapy independent of an acupuncture treatment. The retrospective request for six infrared lamp therapies at once a week for six weeks, performed from June 25, 2013 to August 15, 2013, is not medically necessary or appropriate.