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| Case Number: | CM13-0037075 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 07/13/2009 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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 Chiropractic and 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 reported to be a 55 year old male bus driver who sustained an industrial injury on 7/13/2009; mechanism of injury unknown. The patient was seen by [REDACTED] on 9/20/13 reporting continuation of TTD, seeing pain management specialist [REDACTED] and continuing Chiropractic care with [REDACTED]. She received about 12 Acupuncture treatments. Patient was last seen on 3/22/2013. The patient continued to experience flare-ups of lower back and right lower extremity pain. She is requesting a referral for Acupuncture to manage her carpal tunnel syndrome. [REDACTED] had recommended through [REDACTED] continuation of Acupuncture for reported flare-up of spinal pain. The Utilization Review determination of 10/16/13 did not recommended 2 additional Acupuncture visits from 10/8/13 through 11/23/13. Rationale for denial was the CA MTUS Acupuncture treatment Guidelines. The reviewer found no clinical evidence that prior Acupuncture led to any ADL improvement or a lessening in medication from the pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) additional Acupuncture sessions of the Lumbar Spine, as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The reviewed medical records from ██████ acknowledge the patient receiving continuing Chiropractic care and about 12 Acupuncture sessions between the office visits of 3/22/13 and the 9/22/13. Despite continuing pain management with ██████ and the combination of Chiropractic care and Acupuncture care, the patient did not report to ██████ any modification in her spinal or extremity chronic pain or any evidence that her activities of daily living worsened or improved, that medications had lessened or her need for continuing medical managed decreased or she had return to work in some capacity. The CA MTUS Acupuncture Treatment Guidelines require of the requesting provider evidence of functional improvement when continuation of Acupuncture care is requested. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The Utilization Review of 10/16/13 found that ██████ had failed to document evidence of functional improvement during the period of 3/22/13 and 9/22/13 leaving the subsequent request for additional care unsupported by referenced MTUS Acupuncture Guidelines. This determination was appropriate and supported by evidence based criteria. The Appeal of denied Acupuncture care, 2 visits is denied.