

Case Number:	CM13-0048473		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2012
Decision Date:	05/02/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic hip, knee, and low back pain reportedly associated with an industrial injury of June 21, 2012. 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; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for 12 sessions of acupuncture, stating that the applicant had failed to effect functional improvement through prior acupuncture. It is noted that the claims administrator cited outdated, mislabeled, and misnumbered 2007 MTUS Acupuncture Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for 12 sessions of acupuncture, stating that the applicant had failed to effect functional improvement through prior acupuncture. It is noted that the claims administrator cited outdated, mislabeled, and misnumbered 2007 MTUS Acupuncture Medical Treatment Guidelines. The applicant's attorney subsequently appealed. A clinical progress note of October 1, 2013 is notable for comments that the applicant has persistent pain complaints. The applicant was given prescriptions for oral Ketoprofen, Omeprazole, Norflex, and Ambien while remaining off of work, on total temporary disability. An earlier note of September 5, 2013 is again notable for comments that the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITH PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LOWER BACK AND LEFT LOWER EXTREMITY:
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 MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, per the claims administrator, the applicant has had 12 prior sessions of acupuncture administratively authorized. There has been no demonstration of functional improvement with prior acupuncture treatment. The applicant has seemingly failed to return to work, and remains highly reliant on various medications, physical therapy, and other agents. Therefore, the request remains not certified, on Independent Medical Review.