

Case Number:	CM13-0059620		
Date Assigned:	01/08/2014	Date of Injury:	06/22/2012
Decision Date:	04/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 neck pain, mid back pain, low back pain, bilateral wrist pain, bilateral ankle pain, and bilateral foot pain reportedly associated with an industrial injury of June 22, 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; unspecified amounts of physical therapy and manipulation over the life of the claim; extensive periods of time off work, on total temporary disability; and unspecified amounts of extracorporeal shockwave therapy over the life of the claim. In a utilization review report of November 15, 2013, the claims administrator denied a request for acupuncture treatment, citing outdated 2007 MTUS Acupuncture Guidelines. It is stated that the attending provider has previously requested acupuncture at various points in time over the life of the claim but that it is not altogether certain whether the applicant has in fact had the prior acupuncture previously requested. In a progress note of October 31, 2012, it is stated that the applicant reports multifocal neck, wrist, hand, upper back, low back, and knee pain. The applicant is not presently working, it is stated. The applicant alleged cumulative trauma which she attributed to caring for her 28-year-old disabled daughter. In an extracorporeal shockwave therapy progress note of April 29, 2013, it is stated that the applicant has undergone conservative care which includes medications, physical therapy, manipulative therapy, and injections. There is no mention that the applicant had acupuncture at that point in time. The remainder of the file is surveyed. While the attending provider may have recommended acupuncture at various points in time, it is not clearly stated that the applicant in fact obtained acupuncture. However, a request for authorization (RFA) form dated October 30, 2013, states that the attending provider would like to obtain "continued acupuncture." The request for authorization form reads that this request represents "follow-up acupuncture." On

October 29, 2013, the applicant presented reporting multifocal 6/10 to 7/10 neck, mid back, low back, wrist, ankle, and foot pain. The applicant was asked to consult a psychologist. The applicant is having ongoing issues with anxiety and depression. The applicant was asked to obtain a pain management consultation, internal medicine consultation, additional physical therapy, and acupuncture while remaining off 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:

OUTPATIENT ACUPUNCTURE TREATMENTS FOR 6 SESSION TO THE CERVICAL, THORACIC AND LUMBAR: 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 9792.20(f). In this case, however, there is no such evidence of functional improvement as defined in section 9792.20(f) despite completion of prior unspecified amounts of acupuncture. The attending provider's request for authorization form seemingly suggests that the applicant had had prior acupuncture over the life of the claim. The applicant had failed to return to work and was on total temporary disability as of the date of the utilization review report, November 15, 2013. The applicant remained highly reliant on various medications, treatments, injections, etc., including acupuncture, physical therapy, manipulation, extracorporeal shockwave therapy, etc. All of the above, taken together, imply a lack of functional improvement as defined in section 9792.20(f) despite completion of prior unspecified amounts of acupuncture. Therefore, the request for six sessions of additional acupuncture is not certified, on independent medical review.