

Case Number:	CM13-0061881		
Date Assigned:	05/14/2014	Date of Injury:	06/24/2008
Decision Date:	06/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 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:

Claimant is a 50 year old male who sustained a work related injury on 6/24/2008. 4 sessions of acupuncture were authorized as a trial on 7/1/2013. Other prior treatment includes lumbar spine surgery, functional restoration, chiropractic, physical therapy, and oral medication. According to a QME dated 8/13/2013, the physician noted that the patient should not have acupuncture as it has not been beneficial. Per a PR-2 dated 12/11/2013, the claimant has low back pain which is dull , achy, sharp, stabbing, shooting, and dep. It is made better by lying down, medication, rest with prolonged activities. He also has numbness, stiffness, tightness, and tingling. The claimant also has mid back pain. His diagnoses are multilevel disc, thoracic myofascitis, lumbar myofascitis, lumbar muscle spasms, thoracic muscle spasms, sacroiliac inflammation of SI, and post traumatic inflammation and pain. He is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE ONE TIME FOR SIX WEEKS MIDBACK AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture, however the provider failed to document functional improvement associated with the completion of his acupuncture visits. A QME even stated that acupuncture was not recommended in 2010. Four sessions were approved in July 2013. There is no documentation of functional improvement due to the completion of those acupuncture visits. Therefore further acupuncture is not medically necessary.

CUPPING ACUPUNCTURE ONE TIME A WEEK FOR SIX WEEKS MIDBACK AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Cupping is not a stand alone therapy and is performed in conjunction with acupuncture treatment. Since acupuncture is not medically necessary, cupping is also not necessary.