

Case Number:	CM13-0062511		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2011
Decision Date:	06/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 lumbar spine with radiculopathy to his lower extremities. The incident occurred on 2/16/11 with a previous cumulative injury documented from 1/1/2000 through 4/8/2011. The mechanism of injury is repetitive in nature and caused by lifting heavy items. Current diagnosis includes lumbar sprain, lumbar disc protrusion, and right shoulder impingement. Reported on 10//15/13, the applicant complains of constant, moderate to severe lumbar midline discomfort radiating down the posterior aspect of the right thigh associated with numbness and tingling along the same pattern. Applicant is able to work at normal work duties. Since the incident, the applicant's treatments consisted of, but not limited to the following: orthopedic, physical therapy, EMG/NCV diagnostic study, chiropractic and acupuncture, multiple MRIs and X-rays, bone scan, epidural steroid injections and pain and anti-inflammatory medications. On 11/4/13, the treating physician requested three additional acupuncture sessions for the applicant. In the utilization review report, dated 11/8/13, the UR determination was unable to approve these additional three acupuncture sessions in light of "functional improvement", defined in the acupuncture guidelines set forth by MTUS. Evidently, the applicant had received acupuncture prior to this request. The physician advisor denied the request after determining lack of documentation and clinical findings of either an increase in managing activities of daily living or a decrease in work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 3 VISITS LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". 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 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. Therefore, these additional three sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.