

Case Number:	CM13-0065196		
Date Assigned:	01/03/2014	Date of Injury:	10/27/2011
Decision Date:	06/23/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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:

This is a 31 year old female who has reported widespread pain in the neck, back, and extremities attributed to a fall on 10/27/11. Subsequent treatment has included referrals to multiple specialists, acupuncture, physical therapy, medications, TENS, injections, and prolonged disability prescribed by her treating physicians. She has been diagnosed with cervical and lumbar sprain/strain, myalgia and enthesopathy, knee and ankle sprain/strain, and a sleep disorder. Per treating physician reports of 5/10/12, 9/4/12 and 2/5/13, the injured worker has had acupuncture. No specific results were discussed. Acupuncture was prescribed on 10/9/13 by the treating chiropractor. On 11/13/13 the treating chiropractor noted ongoing multifocal pain. There was no discussion of the specific results from prior acupuncture. The treatment plan included additional acupuncture, referral for medication, referral for LINT, podiatry referral, pain management consultation, extracorporeal shock wave lithotripsy, sleep study, autonomic testing, and no work status. PR2's from before and after this visit show work status as "off work". As of 12/18/13, her treating physician recommended remaining off work until 2/1/14. On 11/19/13, Utilization Review non-certified additional acupuncture, noting the lack of functional improvement as per the MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LUMBAR SPINE (8 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the California MTUS recommendations for acupuncture, including the definition of "functional improvement". Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The patient remains on "temporarily totally disabled" status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. Office visits continue at the same frequency. The treating physician is recommending more intensive treatment, including further tests and referrals. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the California MTUS.