

Case Number:	CM13-0067443		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2009
Decision Date:	06/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 cervical and lumbar spine, left thigh and hip. The incident occurred on 12/22/09 where the applicant was struck by a buffer machine in the anterior lower leg, fell forward, and braced himself with his arms. Considering the most recent physician's report, dated 11/05/13 the applicant complains of constant pain in his lower back and left hip, reported at a visual analogue scale of 8-9/10. The pain is associated with spasms and tingling. The treating diagnosis to date is cervical, thoracic and lumbar spine Inter-vertebral disk disease with radiculopathy and severe left hip osteoarthritis. Since the incident, the applicant's treatments consisted of the following: orthopedic, physical therapy, acupuncture care (amount not specified) multiple MRIs and X-rays, topical compound creams for pain relief and oral pain and anti-inflammatory medications. In the utilization review report, dated 12/9/13, the UR determination was unable to approve twelve sessions of acupuncture care since the requesting physician neglected to specify goals for applicant to achieve from the additional acupuncture sessions. Additionally, the lack of clinical findings demonstrating functional improvement, as defined by MTUS, is not documented in relation to the other conservative modalities of treatment provided. Therefore, the advisor denied the request for additional twelve acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL, LUMBAR, THIGH AND HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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 care of an unspecified amount of visits 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 twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and not medically necessary as such.