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| Case Number: | CM13-0070941 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 03/18/1999 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Acupuncture Services, 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 represented female, who has filed a claim for a "slip and fall" industrial injury to her lumbar spine causing chronic intermittent back pain. Since this incident on 3/18/99, the applicant underwent care with an acupuncturist where the applicant and treating physician states helped her reduce her symptomology and improve her functional improvement. Currently, the applicant receives conservative care including, but not limited to, pain management, anti-inflammatory, and steroid medication, Lidoderm patches, massage and hot packs. Diagnostically she has had X-rays and MRI's. Noted is a request for another current MRI of the lumbar spine. Before 12/5/13, date of the utilization review determination, the applicant had received acupuncture as a course of treatment with documented benefits in reduction of symptomology and improvement with daily function. However, the claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy stating MTUS recommends treatment up to a total of two months (with documented functional improvement) and Official Disability Guidelines recommends treatment for up to total of twelve weeks; not 12 months. The claims administrator denied the request stating this request appears to be for maintenance and the above guidelines do not recommend such for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ACUPUNCTURE VISITS OVER THE NEXT TWELVE (12) MONTHS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant received acupuncture prior to this request and states helped reduce symptoms and improve functionability with her daily activities, unfortunately, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists, up to a total two months (1-3 times per week). This request for twelve acupuncture treatment over the course of twelve months appears to be for maintenance and therefore is not medically necessary.