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| Case Number: | CM14-0000476 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 10/30/2012 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 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 an industrial claim for left leg and lower back causing the applicant pain that radiates down his posterior thigh. On 9/17/13, the progress notes indicate a pain level of 2/10 with rest and 4/10 with repetitive use. On 11/21/13, his pain increased to 3/10 with rest and 5/10 with activity. The applicant received acupuncture prior from 2/14/13 through 3/12/13 for six visits. Other treatment include physical therapy, chiropractic care, MRI and x-rays of the lumbar spine, ice/hot packs, home exercise program and tens unit. On 3/20/14, reported by the acupuncturist the applicant's pain has improved down to a 1/10 with rest and 3/10 with activity. He is at full work status since June 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, SIX (6) ADDITIONAL VISITS, FOR PAIN IN LEFT LEG AND LOWER BACK: 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: A request for additional acupuncture is evaluated based on the MTUS recommendations for acupuncture, which includes the definition of functional improvement. The applicant received an initial round of acupuncture care of six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is assessed in light of functional improvement. After reviewing provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's functions of daily living and change in work status. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.