

Case Number:	CM14-0002375		
Date Assigned:	01/24/2014	Date of Injury:	02/04/1994
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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, 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 female employee who has filed an industrial claim for neck and low back pain radiating down into the upper and lower extremities, wrist, and hands. The applicant has chronic pain in multiple regions of the body. The injury occurred on 2/4/1994. The mechanism of injury is not documented. Treatment to date, includes but not limited to, orthopedic hand surgeon consult, at least five acupuncture sessions, physical therapy, ultrasound of the right shoulder, elbow, hand, hip, foot and bilateral wrists, and multiple MRI's and X-rays. It is documented the applicant is intolerant of medication and wishes to have acupuncture instead. In the treating physician report, dated 11/05/13, she reports the claimant states she is the same overall. Currently her upper body is better and her lower body is worse. The applicant is under the care of her acupuncturist and feels 50% better for about a week after each session. In July 2013, the applicant was in a motor vehicle accident when being transported to her pain management program. This accident exacerbated her jaw pain. Furthermore, the patient suffers with depression and is intolerant and allergic to numerous medications. Her work status is permanent and Stationary with no mention of work restrictions. In the utilization review report, dated 12/26/13, the UR determination did not approve additional twelve sessions of acupuncture since the applicant only used five of the previously approved fourteen treatments. They already exceed the recommended 3-6 visits per MTUS acupuncture guidelines to produce functional improvement. Optimum duration of treatment is one-two months. Response to prior authorized treatment is necessary in order to recommend additional sessions. Further treatment exceeds optimum duration of care and therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12 VISITS: 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 considered based on the MTUS recommendations for acupuncture, which includes the definition of functional improvement. The applicant received an initial round of acupuncture care of five out of fourteen already authorized acupuncture sessions based on these guidelines. Medical necessity for any further acupuncture treatments is assessed 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 activities or a reduction in work restrictions. Her work status did not change before or after the initial course of acupuncture treatments. She is permanent and stationary status. Furthermore, a remaining nine acupuncture sessions already authorized and available for her use exists. In light of MTUS guidelines if functional improvement is achieved and further treatment is approved, the recommended total duration of treatment is for 1-2 months whereby, these additional twelve sessions of acupuncture therapy will exceed. Therefore, additional request of twelve sessions is not medically necessary.