

Case Number:	CM14-0002432		
Date Assigned:	01/24/2014	Date of Injury:	05/13/2005
Decision Date:	08/27/2014	UR Denial Date:	01/03/2014
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 purpose of this review is to determine the necessity for 12 acupuncture sessions where six were certified. The applicant is a male employee who has filed an industrial claim for injuries that occurred on 5/13/05. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of lower back pain and intermittent leg pain. As of 12/26/13, the primary treating physician requested an additional twelve sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant received acupuncture treatment in the past and received close to 100% relief; the applicant stated. The applicant's current diagnosis consists of degeneration lumbosacral disc, chronic neck pain, chronic low back pain, disorders of sacrum and sciatica with a work status that continues to be "Permanent and Stationary" with permanent disability. Treatment to date includes, but is not limited to, acupuncture, chiropractic, physical therapy, pain, and anti-inflammatory medications. On 9/16/13, an appeal letter indicates failure of conservative modes of care initiated a Functional Restoration Program request. In the utilization review report, dated 1/3/14, the UR determination did not approve the additional twelve sessions of acupuncture, but did modified the request and approved six sessions. Despite the primary treating physicians request for an Functional Restorative Program, indicating failure of conservative treatments (including acupuncture), the advisor modified the request to only six sessions and alerted the doctor to consider functional improvement to be clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SIX TREATMENTS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant with ongoing lower back pain X 9 years. Per MTUS guidelines 9792.24.1 Acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times per week for an optimum duration of 1 to 2 months. Although MTUS guidelines suggest that treatment may be extended if functional improvement is documented, the record does not support that the initial phase was completed, and there is no request to certify treatment beyond what was already considered. In addition, 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. To note, the applicant remains on "Permanent and Stationary", permanently disabled. This implies a failure of all treatment, including acupuncture. 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 this request had been for an initial trial of acupuncture, MTUS recommends an initial trial of 3-6 visits of acupuncture to produce functional improvement. Therefore, twelve visits of acupuncture exceed this number recommended.