

Case Number:	CM14-0003392		
Date Assigned:	01/31/2014	Date of Injury:	05/03/2007
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/08/2014

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 represented male, employed by [REDACTED] who filed an industrial injury claim that occurred on 5/3/07. The injury mechanism is not documented, however he suffers with lumbar spine pain. Since this incident, the applicant has received X-rays, MRI's, Electromyography (EMG)/Nerve Conduction Velocity (NCV) electrodiagnostic studies with negative results for any radiculopathy. Conservative treatments consist of pain and anti-inflammatory medication and a lumbar roll. It is unclear if the applicant underwent physical therapy. On 12/5/13, date of the utilization review determination, the claims administrator did not find it reasonable for the applicant to receive acupuncture therapy and did not certify such stating as per MTUS guidelines acupuncture is used when medications are reduced or not tolerated, or in adjunct with another active physical rehabilitation therapy. Post 3 years after the injury occurred, the claims administrator states lack of documentation of the applicant's response to prior therapies to warrant acupuncture.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Review of multiple pages of notes and records, reflects the evident applicant's response to different modalities is non existent; insufficient clinical data is provided and it is difficult to determine if the applicant is currently involved in an active physical rehabilitation program or if he is intolerant of his medication and is involved in a medicine reduction program. Therefore, as noted in MTUS acupuncture therapy is not medically necessary for this applicant.