

Case Number:	CM14-0006154		
Date Assigned:	01/31/2014	Date of Injury:	08/02/2012
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 male employee who has filed an industrial claim for neck, upper and lower back and left shoulder pain caused when he lifted a heavy wooden wall panel that fell and struck him on the head, shoulders, and back. Treatment includes chiropractic and orthopedic care, at least seven acupuncture sessions, physical therapy, MRI of the neck, back and left shoulder, X-rays indicating compression fractures in the back, and pain medication and anti-inflammatory medication, and hot/cold packs. In the appeal report, dated 12/30/13, the primary treating physician reports the claimant stated he has persistent pain in the neck, bilateral upper extremities, and back. The left side is worse than the right. He also goes on to comment, regarding claimants response to prior acupuncture sessions that "he has had moderate palliative and functional benefits with the provided acupuncture treatment so far. He has had functional improvement." Claimant is off work since the incident occurred to date and no documentation provided changes these work restrictions. In the utilization review report, dated 1/7/14, the UR determination did not approve the additional six sessions of acupuncture care, in light of the acupuncture MTUS guidelines that state treatment may be extended if functional improvement is document as defined by MTUS. The physician advisor comments with "there does not appear to be evidence of functional improvement" and no change in work restrictions documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF ACUPUNCTURE FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture 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 seven visits approved 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 changes to his work status and restrictions. To note, the applicant had been off work duty since the incident on 8/2/12 to date. Therefore, these additional six sessions of acupuncture therapy is not medically necessary.