

Case Number:	CM14-0006574		
Date Assigned:	02/07/2014	Date of Injury:	05/11/2005
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 low back pain. Current diagnosis is of chronic back pain with degenerative disc and joint disease of the lumbosacral spine associated with lower extremity radiculopathy. The injury occurred on 5/11/05 where the mechanism is not provided and unknown. On 11/11/13, the treating physician indicated the pain is moderately better, actually due to her last round of epidural steroid injections. She no longer is feeling numbness and tingling down her lower extremities. The applicant stated she does not need a refill of her pain medication and is awaiting authorization for her third injection. Current treatment to date for this applicant includes, epidural steroid and trigger point injections, previous acupuncture treatment, home tens unit, massage, home exercise program, and medication. In the utilization review report, dated 1/9/14, the UR determination did not approve these additional nine sessions of acupuncture stating upfront "records indicate the patient already received 24 acupuncture treatments to the back" and unfortunately no objective improvement resulted from these prior treatments provided in the records. The denial is in light of the Official Disability Guidelines (ODG) regarding acupuncture and treatment of the acute lumbar spine pain where ODG does not recommend. Based on the provided records, the applicant received epidural and facet block treatments. The physician advisor determined his condition as an acute condition based on such. He also mentions the Official Disability Guidelines recommend for chronic back pain as long as functional improvement achieved and documented with a total of 8-12 visits over 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE, 3 X PER WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Lumbar Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is primarily based on the California MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round and subsequent rounds of acupuncture care, approved based on these guidelines and ODG. The applicant received twenty-four visits prior to this request. Medical necessity is determined for further acupuncture treatments in light of "functional improvement". After reviewing the 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 as a benefit from the prior 24 visits. The applicant's work status is permanent and stationary. Therefore, these additional nine sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement as defined by California MTUS.