

Case Number:	CM14-0006699		
Date Assigned:	02/07/2014	Date of Injury:	09/19/2008
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
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. The injury occurred on 9/19/08 where the mechanism is not provided and unknown. On 12/05/13, the treating acupuncture progress notes indicate pain in the lumbar and cervical spine with a level of 6-7/10. The applicant has a decrease in activity level. On 12/17/13, the treating physician reported severe pain for the applicant at a visual analog scale (VAS) level of 5/10 and that the applicant does not use oral medication and uses Lidopro ointment, tens unit, cane and acupuncture to help with the pain. Objectively he reports decreased range of motion with forward flexion. The treating physician requested these additional six acupuncture sessions on 12/03/13 secondary to improvement of pain. Lack of clinical information demonstrates difficulty in verifying other treatments the applicant has received to date since the incident in 2007. He currently, is involved in home exercise program, topical pain relieving ointments, tens unit, use of a cane and acupuncture. In the utilization review report, dated 12/17/13, the UR determination did not approve these additional six sessions of acupuncture reporting lack of clinical data pertaining to the thoracic and cervical spine. Therefore, treatment to the aforementioned areas is not certified. The UR determination letter reports response to past acupuncture treatment cannot be ascertained as a sustained benefit and it is unknown if the applicant is compliant with the home exercise program and involved in an active physical rehabilitation program. The denial is in light of the MTUS guidelines regarding "functional improvement" as defined by MTUS and the UR advisor includes verbatim such guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES SIX FOR THE CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE: 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: Evaluating a request for additional acupuncture is primarily based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The employee received an initial round of acupuncture care approved based on these guidelines. Medical necessity is determined for further acupuncture treatments 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 employee's daily living activities or a reduction in work restrictions. To note, the employee is permanent and stationary status to date and clinical data provided does not include any change to this work status due to the prior acupuncture treatments. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement as defined by MTUS.