

Case Number:	CM14-0007307		
Date Assigned:	02/10/2014	Date of Injury:	10/31/2012
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/20/2014

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 female employee who has filed an industrial claim for cervical spine pain with radiculopathy to bilateral upper extremities associated joint pain of the upper arm. The mechanism of injury is a "slip and fall" incident occurring on 10/31/12. The treating physician's recent report and the official request for 8 sessions, dated 11/4/13, comments the applicant is waiting to do an EMG/NCV study and still suffers with neck and back pain associated with radiculopathy bilaterally in her upper and lower extremities. The request is for continued acupuncture treatment and epidural steroid injections. Treatment included to date includes the following, but not limited to, orthopedic care, X-rays and MRI's obtained, physical therapy, at least four documented acupuncture treatments, and pain and anti-inflammatory medication. In the utilization review report, dated 12/26/13, the UR determination did not approve the eight sessions of acupuncture requested. The physician advisor spoke about the uncertainty to whether this request was for an initial round of acupuncture or for an extended treatment of acupuncture. Documentation provided could not clarify either way. Nevertheless, the advisor denied the request based on MTUS guidelines for acupuncture medical treatment as well as the lack of documentation regarding treatment and examination findings pertaining to the claimant's neck. Additionally, if this request is for extended treatment, the advisor did not authorize based on lack of clinical findings demonstrating improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X PER WEEK FOR 4 WEEKS FOR THE CERVICAL SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, ACUPUNCTURE, Also, (ODG) Official Disability Guidelines/Integrated Treatment Guidelines- Disability Duration Guidelines (DDG), 9th Edition.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least four visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is 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 or a reduction in work restrictions. To note, the applicant was already back to work with limited restrictions shortly after the incident due to financial reasons. Her work status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.