MAXIMUS Federal Services

Case Number:	CM14-0008780		
Date Assigned:	02/12/2014	Date of Injury:	01/27/2012
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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 Board Certified 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 thoracic, cervical, and lumbar spine sprains, bilateral shoulder, elbow, hips, knee, feet and ankle sprains associated with constant, radicular pain, numbness and tingling. The date of incident is January 27, 2012 and the mechanism is not indicated. On November 6, 2013, the treating physician's handwritten report (slightly difficult to read) documented the applicant's pain is constant with numbness and tingling radiating from the neck and lower back to upper and lower extremities. Pain levels documented are greater than or equal to an 8/10 (utilizing the Visual Analog Scale) for all aforementioned areas. Patient is requesting stronger medication and the treating physician prescribed such and requested acupuncture for pain relief. Treatment to date, but not limited to, include diagnostic MRIs of the cervical, thoracic, and lumbar spine, acupuncture, and medications. The acupuncture notes are not provided, however January 2014 progress note documents "acupuncture is not helping her". Applicant's work is unchanged and off work duty, as of November 2013. In the utilization review report, dated January 7, 2014, the UR determination did not approve the eight sessions of acupuncture. The physician advisor commented that despite receiving eight prior acupuncture sessions in 2013, the treating physician neglected to document, if any, functional gains. The advisor refers to "functional improvement" and the frequency and duration of acupuncture treatments, as defined by MTUS guidelines and denies the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2 X 4 FOR THE CERVICAL SPINE, THORACIC SPINE, BILATERAL SHOULDERS, BILATERAL ELBOWS, BILATERAL HIPS, BILATERAL KNEES, AND BILATERAL FEET/ANKLES: 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 based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care prior to this request in 2013 for eight sessions, and those sessions were 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. The applicant is currently "off work" and in November 2013, the patient and then treating physician requested an increase in pain medication for the applicant, thus indicating further dependence on medical care. The request for additional acupuncture for the cervical spine, thoracic spine, bilateral shoulders, bilateral elbows, bilateral hips, bilateral knees, and bilateral feet/ankles, twice weekly for four weeks, is not medically necessary or appropriate.