

Case Number:	CM14-0009412		
Date Assigned:	02/14/2014	Date of Injury:	08/23/2005
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/24/2014

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 a claim for an injury to his lower back that occurred in August 2005. The applicant suffers with severe and chronic pain associated with radiculopathy. Current diagnoses consist of complex regional pain syndrome of his right lower limb, autonomic dysregulation, lumbago and ankle and foot pain. He is status-post back surgery in 2008. The Initial Assessment report, dated July 13, 2013, reported the applicant and his wife feel the acupuncture treatments are the only therapy that prolongs time in between his whole body spasms and regulates his autonomic dysreflexia and both are frustrated acupuncture has been delayed. Since then, the applicant's treatments consist of the following: orthopedic, narcotic pain medication at 40mg morphine, sixty-six acupuncture sessions, physical therapy, ice packs and cooling blankets, pain management with nerve blocks, pain, neurological, and anti-inflammatory medication. Diagnostically, he has obtained electro-diagnostic nerve conduction studies, MRI and X-rays. In the utilization review report, dated 12/30/13, the UR determination was unable to approve sixteen additional sessions of acupuncture care. The applicant received at least sixty-six prior acupuncture sessions and the physician advisor noted the patient stated in a recent progress note his pain is unchanged and there is no documentation of functional/vocational benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2X8 LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture 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 sixty six acupuncture sessions 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. His work status did not change due to this course of treatment. Therefore, these additional sixteen sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.