

Case Number:	CM14-0010319		
Date Assigned:	02/21/2014	Date of Injury:	07/31/2012
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 and lumbar spine pain when she tripped over boxes, twisted and landed on her knees and elbows on 7/31/12. She complains of pain in all aforementioned areas. The request is for an additional six sessions of acupuncture, dated 12/30/13. Current diagnosis is lumbar radiculopathy, spondylosis of the lumbar region, and osteoarthritis of the knees. Treatment has included multiple physical therapy sessions, multiple acupuncture treatments (unspecified), orthopedic care, X-rays, MRI's, cortisone injections, epidural injections, home exercise program and oral and topical analgesic, anti-inflammatory and muscle relaxant medications. Applicant's work is unchanged and off work duty, as of November 2013. In the utilization review report, dated 1/07/14, the UR determination did not approve the six sessions of acupuncture. The physician advisor documents that functional improvement, as the result of prior acupuncture treatments in objective functional activity gains and the number of prior treatments attended, is not provided. Therefore, did not certify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X PER WEEK FOR 3 WEEKS: 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 California Medical Treatment Utilization Schedule (MTUS) recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care prior to this request of unspecified amount of 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 actually increased work restrictions in November 2013 and is off work duty. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.