

Case Number:	CM14-0010794		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2013
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
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 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. He complains of pain that gradually worsened and radiates down his right side of the leg with numbness and tingling in the foot. Secondary to the lower back pain, the applicant also complains of right shoulder and upper back pain, with associated radiculopathy into the upper arm, resulting in limited range of motion. The low back injury occurred on 8/19/13 where the mechanism is unknown. On 9/05/13, the treating physician final report indicated the current diagnosis of lower back pain as resolved and present treatment plan is discharge. The patient is 0% whole person impairment and has no need for future treatment of the lower back. His treatment to date include acupuncture, physical therapy, functional restoration program, TENS unit, MRI of the right shoulder and right scapula and pain, sleep and anti-inflammatory medication. In the utilization review report, dated 12/27/13, the UR determination did not approve these additional twelve sessions of acupuncture in light of "functional improvement" as defined by MTUS. Additionally and important to note, the treating physician in his/her final report, dated 9/05/13 documents the applicant's low back pain is resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE - LUMBAR SPINE 2X6: 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 an initial round of 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 discharged this applicant at 0% whole person impairment, regarding further care for his lower back pain on 9/05/13; therefore, further acupuncture treatment is not medically necessary. Furthermore, if this request had been for an initial trial of acupuncture, California MTUS recommends an initial trial of 3-6 visits of acupuncture to produce functional improvement. Therefore, twelve visits of acupuncture exceed this number recommended. Therefore, since the applicants low back pain is resolved as of 9/05/13 and the quantity of the request exceeds the recommended number to achieve "functional improvement", as defined by California MTUS, additional acupuncture for the lower back is not medically necessary.