

Case Number:	CM14-0012157		
Date Assigned:	02/21/2014	Date of Injury:	03/20/2012
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 a claim for an injury to her cervical, thoracic and lumbar spine. The mechanism of the incident is unspecified in the records I reviewed, and occurred on 3/20/12. As per her pain management re-evaluation notes, dated 12/3/13, the applicant suffers with neck pain, upper, middle and lower back pain that radiates to the left lower extremity. The pain management doctor diagnosed her with cervical radiculitis, chronic pain, lumbar facet arthropathy and lumbar radiculitis with disc protrusion. The treating physician submitted a request for an additional eight acupuncture treatments. Since the incident, the applicant's treatment consisted of, but not limited to orthopedic, eight prior acupuncture sessions, physical therapy and rehabilitation, home exercise program, tens unit, Lidoderm patches, pain and anti-inflammatory medication. Diagnostically she obtained an electro-diagnostic study and MRI of her cervical, thoracic and lumbar spine; positive for multiple level disc protrusion. In the utilization review report, dated 1/13/14, the UR determination was unable to approve these additional eight acupuncture sessions in light of "functional improvement", defined by MTUS guidelines. Although the applicant had improvement with less pain signs and increased mobility, there was no clear documentation of significant clinical findings demonstrating an increase in performing her activities of daily living. Additionally, the applicant is continuing with her pain medications. Therefore, the physician advisor felt to not certify this request for an additional eight visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ACUPUNCTURE FOR THE CERVICAL, LUMBAR AND THORACIC SPINE: 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, NECK AND UPPER BACK COMPLAINTS,

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 at least eight 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. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.