

Case Number:	CM14-0013654		
Date Assigned:	02/26/2014	Date of Injury:	05/03/2012
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 female employee who has filed a claim for an injury to her cervical and lumbar spine with associated radiculopathy. The incident occurred on 5/3/12. The mechanism of injury is not clear. As per the most recent acupuncture notes, dated 12/16/13, the applicant continues to suffer with pain in her lower back radiates to her lower left leg and foot. Her most recent diagnosis consists of cervicgia, neck sprain, thoracic region sprain, and lumbosacral sprain. On 1/09/13, the physician submitted a request for an additional six acupuncture treatments, but based on the records provided, it is clear the applicant received eighteen acupuncture sessions to date. Since the incident, the applicant's treatment consisted of, but not limited to orthopedic and acupuncture care, physical therapy, and rehabilitation, electro-diagnostic nerve conduction study, and pain, neurologic, and anti-inflammatory medication. In the utilization review report, dated 1/14/14, the UR determination was unable to approve these six acupuncture sessions in light of "functional improvement", as defined by MTUS guidelines. The applicant has completed eighteen sessions to date and the treating physician neglected to provide clinically significant improvement in the applicants function, as the result of the prior treatments. "The reduction in pain medication is not an adequate reflector of functional gain".

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL OUTPATIENT SESSIONS OF ACUPUNCTURE FOR THE LUMBAR SPINE: 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 care of at least eighteen visits 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. Her work status did not change due to this course of treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.

SIX (6) ADDITIONAL OUTPATIENT SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE: 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 care of at least eighteen visits 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. Her work status did not change due to this course of treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.