

Case Number:	CM14-0018546		
Date Assigned:	04/18/2014	Date of Injury:	12/03/1999
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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, employed by [REDACTED] who has filed a claim for an industrial injury to her lower back and cervical spine. Symptoms included pain with bilateral upper and lower extremity radiculopathy; numbness and tingling. The mechanism of injury is not provided. Since this incident on 12/3/99, the applicant has received multiple MRI's of neck and back, epidural steroid injections with good results, psychiatric evaluation, B12 shots for depression and energy, and pain, anti-anxiety, anti-depressant and anti-inflammatory medications. No clinical documentation provided for chiropractic, physical therapy, or prior acupuncture treatments. It is unclear if the applicant has received such treatments. As of 1/15/14, date of the utilization review determination, it is unknown if the applicant has had any active therapies, i.e. physical rehabilitation, education in exercise program, etc. According to the MTUS guidelines acupuncture is used as an adjunct to active modalities such as physical rehabilitation; therefore due to the lack of clinical information, the claims administrator denies this request for twelve sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LUMBAR SPINE, 2XWK X 6WKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, CAMTUS, 8, 9

Decision rationale: Evidently, it is unknown if the applicant has had active therapies, i.e. physical rehabilitation, education in exercise program, etc. to help with her condition throughout the years and according to the MTUS guidelines 9792.24.1.1 acupuncture is used as an adjunct to active modalities such as physical rehabilitation. Additionally, even if acupuncture was medically necessary as an initial short course of therapy, these requested twelve visits exceed the MTUS guidelines, section 9792.24.1.3.c recommended frequency. Therefore, acupuncture for this applicant is not medically necessary.