

Case Number:	CM14-0120763		
Date Assigned:	08/06/2014	Date of Injury:	06/03/2011
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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 Occupational Medicine and is licensed to practice in California. 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 3, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; TMJ fusion surgery; and various interventional spine procedures involving the cervical spine; an earlier knee arthroscopy; an earlier foot fusion; and at least 12 sessions of prior acupuncture. In a utilization review report dated July 8, 2014, the claims administrator denied a request for eight additional sessions of acupuncture. In its utilization review report, the claims administrator alluded to many other utilization review reports, including two reports of March and April 2014, in which 12 sessions of acupuncture were cumulatively approved. The claims administrator denied further acupuncture on the grounds that the injured worker failed to profit from the earlier treatment. In a July 7, 2014 progress note, the attending provider acknowledged that the injured worker had persistent complaints of knee pain despite having completed 13 sessions of acupuncture. The injured worker was pursuing chiropractic manipulative therapy. The attending provider, like the injured worker, acknowledged that the injured worker was not working. The attending provider suggested that the injured worker obtain viscosupplementation injections for her knee while pursuing additional acupuncture. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, 2 times a week for 4 weeks, QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS Acupuncture Medical Treatment Guidelines, acupuncture treatments may be renewed if there is evidence of functional improvement. In this case, the injured worker is off of work with permanent work restrictions despite having had 13 sessions of acupuncture. This suggests a lack of functional improvement as defined in MTUS guidelines therefore, the request for eight additional sessions of acupuncture is not medically necessary.