MAXIMUS Federal Services

Case Number:	CM14-0121784		
Date Assigned:	09/23/2014	Date of Injury:	06/18/2013
Decision Date:	10/27/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 applicant is a represented [redacted] who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for additional acupuncture, suggesting that the applicant had had at least eight prior sessions of acupuncture through that point in time. The applicant's attorney subsequently appealed. The acupuncture request was apparently sought via handwritten request for authorization form dated June 11, 2014. In a progress note one week prior, June 4, 2014, the applicant was placed of work, on total temporary disability, for additional one month. Eight sessions of physical therapy, Menthoderm, and Cyclobenzaprine were endorsed. The applicant continued to report 8-9/10 multifocal neck, back, and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 x 4 Thoracic and Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. As noted in MTUS, acupuncture treatments may be extended if there is evidence of functional improvement as defined in MTUS. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant and highly dependent on various oral and topical medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite completion of at least eight prior sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.