

Case Number:	CM14-0171359		
Date Assigned:	10/23/2014	Date of Injury:	10/26/1992
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Acupuncturist, 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 an industrial claim for a lumbar spine injury that occurred on 10/26/92. The mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain in her lumbar spine. The treating physician on 9/10/14 requested seventy-two sessions of acupuncture to treat her pain and to reduce some of her symptoms. Records do not indicate if the applicant received any prior acupuncture sessions. She currently still complains of persistent lower back pain with extremity radiculopathy. She states the pain will rarely go to the coccyx, but does prevent her from sleeping well. The applicant remains permanent and stationary to date. The applicant's diagnosis consists of lumbar back pain and lumbago. Her treatment to date includes, but is not limited to, aqua therapy, physical therapy, psychological counseling, home exercise program, and over the counter oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 9/18/14, the UR determination did not approve the requested seventy-two sessions of acupuncture determining the injuries occurred over twenty-one years ago and submitted records consisted of one single office visit note dated 9/10/14. Therefore, this lack of clinical data proves difficult as to whether or not the claimant received prior acupuncture sessions; the reviewer did not certify acupuncture for this claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

72 acupuncture therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated by utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture, beyond this initial trial can be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program and/or that the prolonged Permanent and Stationary status is evident of a lack of a treatment program focused on functional recovery. This incident occurred twenty-one years past and there is no clinical evidence provided this claimant received acupuncture previously. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial is 3-6 visits, not seventy-two, this original request is not medically necessary.