

Case Number:	CM14-0179576		
Date Assigned:	11/04/2014	Date of Injury:	08/09/2012
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 male employee who has filed an industrial claim for a right shoulder and elbow injury that occurred on 8/09/12. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of lower back pain that radiates to his bilateral lower extremities. The treating physician requested twelve sessions of acupuncture to treat his pain and to reduce some of his symptoms. Records indicate the applicant did not receive prior acupuncture treatment and continues to complain of constant sharp, burning, throbbing pain with associated weakness, numbness, and tingling in his legs. The applicant is off work and totally temporarily disabled. The applicant's diagnosis consists of status post C4-C6 anterior cervical with internal fixation (9/13/13), status post lumbar fusions in 1980 and 1984, cervicotracheal strain, post-traumatic stress disorder, cognitive disorder NOS, and lumbar discogenic disease with stenosis. His treatment to date includes, but is not limited to, off work and total temporarily disabled, MRIs, X-rays, home exercise program, psychotropic medication, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 10/23/14, the UR determination did not approve the twelve sessions of acupuncture based on California MTUS guidelines recommending an initial round of treatment should be between three to six sessions and this request exceeds this recommendation. In addition, the advisor indicates the clinical information provided does not indicate a decrease in tolerance to his medication or if a physical rehabilitation program will coincide with sessions requested. Therefore, the advisor did not certify this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated utilizing the California Medical Treatment Utilization Schedule (MTUS) guidelines for acupuncture medical treatment. California MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, California 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 will be considered based on "functional improvement", as defined by California MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to his medication, recent involvement in physical rehabilitation program or the prolonged Totally Temporarily Disabled work status is evident of a lack of a treatment program focused on functional recovery. Furthermore, there is no evidence that this claimant received acupuncture previously. California MTUS guidelines for acupuncture care detailed above, including the initial trial being less than twelve visits, this request of twelve sessions of acupuncture is not medically necessary.