

Case Number:	CM14-0024194		
Date Assigned:	02/28/2014	Date of Injury:	11/20/2012
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 male employee who has filed a claim for an injury to his lower back with radiculopathy down his left leg. His diagnosis is lumbar spine radiculopathy, and lumbar spine disc degenerative disease. He also complains of sleep disturbance, stress, and anxiety. The mechanism of the incident is unclear. His date of injury occurred on 11/20/12. Since then, the applicant's treatments consisted of the following: orthopedic, chiropractic for twenty-one sessions, acupuncture for 6 visits, and physical therapy for twenty-four visits. He has had diagnostic imaging, and pain, anti-inflammatory prescribed and over-the counter medication. As of 11/15/13, his doctor requested authorization for twelve acupuncture sessions needed to relieve anxiety and stress. In the utilization review report, dated 12/17/13, the UR determination was unable to approve twelve sessions of acupuncture care. The applicant received at least six prior acupuncture sessions and based on MTUS guidelines in light of "functional improvement", objective functional improvement was not obtained for the applicant, nor was the applicant's work status unchanged; total temporarily disabled before and after prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 6 WEEKS QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant remains on total temporarily disabled status with unchanged work restrictions due to this course of treatment. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.