

Case Number:	CM14-0025896		
Date Assigned:	06/04/2014	Date of Injury:	05/20/2013
Decision Date:	07/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 lumbar spine. The incident occurred on 5/20/13 when the applicant stepped off a stool and injured his ankle and lumbar spine. The most recent progress note from the treating acupuncturist, dated 1/23/14 only lists the applicant as having low back pain. No further details of the claimant's condition are documented. The diagnosis listed as Strain/Sprain Lumbar and Lumbar myospasm. On 1/13/14, the physician submitted a request for a acupuncture for eight visits (twice per week X 4 weeks) without documenting any goals, or functional improvements for the applicant to achieve. The applicant's treatment prior to this request, consisted of but not limited to physical therapy and rehabilitation, multiple sessions of acupuncture, chiropractic care, orthopedic care, tens unit, MRI (magnetic resonance imaging) of the lumbar spine and his right ankle, X-rays, electro-diagnostic and nerve conduction study, and pain and anti-inflammatory medication. In the utilization review (UR) report, dated 1/29/14, the UR determination was unable to approve the additional eight acupuncture sessions for the right ankle for numerous reasons, primarily in light of "functional improvement", as defined by MTUS. He states how MTUS guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals and monitoring from the treating physician is paramount. Furthermore, the applicant received acupuncture previously without any benefit or functional improvement gained.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR TREATMENT OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, pg. 114, and Official Disability Guidelines (ODG), Foot & Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture guidelines is applied to evaluate the definition of "functional improvement." The applicant received an initial round and subsequent sessions of acupuncture care of at least twenty-four visits approved based on these guidelines. The medical necessity for any further acupuncture treatments is in light of "functional improvement." According to the documentation submitted for review, it is evident that there is no clinically significant improvement provided in the applicant's daily living or a reduction in work restrictions. The patient remains on Temporary Totally Disabled status, which is such a profound degree of disability that the patient is largely bed bound and unable to perform basic Activities of Daily Living. This implies a failure of all treatment, including acupuncture. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus the request has exceeding the MTUS recommendation and is not medically necessary.