

Case Number:	CM14-0027126		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2011
Decision Date:	07/21/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	03/03/2014

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 injured worker filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of October 21, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for 12 sessions of acupuncture. Treatment guidelines were not apparently incorporated into the Utilization Review Report. An April 15, 2014 progress note is notable for comments that the applicant was using a variety of medications, including Norco, Flexeril, and Voltaren gel. Epidural steroid injection therapy was being sought. It was stated that the applicant had failed conservative treatments including acupuncture, physical therapy, and manipulative therapy. The applicant was given diagnoses of chronic neck pain, low back pain, and shoulder pain at that point. It was stated that earlier acupuncture was beneficial in terms of reducing pain. Additional acupuncture was therefore sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT ACUPUNCTURE VISITS FOR THE CERVICAL SPINE, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no demonstration of functional improvement despite completion of earlier unspecified amounts of acupuncture over the course of the claim. The injured worker remains off of work, on total temporary disability, despite completion of earlier unspecified amounts of acupuncture. The applicant remained highly reliant and highly dependent on various analgesic medications, including Norco, Flexeril, and Voltaren. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.