

Case Number:	CM14-0047870		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2011
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 purpose of this review is to consider additional acupuncture treatment two times per week for four weeks. The applicant is a female employee who has filed an industrial claim for a lumbar spine injury that occurred on 6/03/11. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of chronic pain, weakness and electric shock feeling that radiates throughout the bilateral upper extremities. On 2/13/14 and again on 3/3/14, the primary treating physician requested an additional eight sessions of acupuncture to treat her pain and to reduce some of her symptoms. On 3/31/14, the applicant reported she received 70% relief of her symptoms with the previous acupuncture sessions, but is still experiencing residual lumbar spine pain with bilateral, radiating pain to the lower extremities. Her treatment to date includes, but is not limited to, x-rays, MRI's, at least three acupuncture sessions, physical therapy sessions, oral and topical pain and anti-inflammatory medications. The applicant continues to be off-work status. In the utilization review report, dated 4/07/14, the UR determination did not approve the additional eight sessions of acupuncture, but modified the original request to four acupuncture sessions. The advisor stated the applicant received 70% relief with the prior three acupuncture sessions in March, 2014 and these additional four is as a continuation of those 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 4 weeks on the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant received an initial round of acupuncture care of at least three visits. 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 has been off work and her status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy are not medically necessary based on the lack of functional improvement. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS Guidelines recommends 3-6 visits as time allowed to produce functional improvement. This request of eight sessions exceeds this recommendation and is not medically necessary based on such.