

Case Number:	CM14-0053756		
Date Assigned:	07/07/2014	Date of Injury:	10/31/2011
Decision Date:	09/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 eight acupuncture sessions. The applicant is a female employee who has filed an industrial claim for lumbar spine injury that occurred on 10/31/11. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of continual pain and reduction in function. The treating physician requested eight sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant has received prior acupuncture care. Her diagnosis consists of lumbar or lumbosacral degenerative disc disease. Her treatment to date includes, but is not limited to, micro-disectomy on 4/30/12, X-rays, MRI's, physical therapy, home exercise program, trigger point injections, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/02/14, the UR determination did not approve the eight sessions of acupuncture in light of "functional improvement" defined by MTUS guidelines. The applicant received prior acupuncture and the medical record provided lack clinical findings supporting positive functional improvement of the applicant to warrant additional acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for 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: A request for additional acupuncture is considered based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of eight visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is assessed in light of "functional improvement". The applicant received prior acupuncture care. After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living activities or a reduction in work restrictions. Her work status did not change due to this treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement as defined by MTUS.