

Case Number:	CM14-0055076		
Date Assigned:	07/07/2014	Date of Injury:	10/27/2003
Decision Date:	09/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 female employee who has filed an industrial claim for lumbar spine injury that occurred on 10/27/03. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain in her lower back and right buttock. The treating physician requested twelve additional sessions of acupuncture to treat her pain and to reduce some of her symptoms. Records do not indicate the applicant has made gains or improved function with prior acupuncture therapy. Work status is temporarily totally, disabled. The applicant's diagnosis consists of lumbosacral spine degenerative disc disease. Her treatment to date includes, but is not limited to, acupuncture, aquatic therapy, electrocardiogram (EKG)/nerve conduction velocity (NCV) study with positive results for periphery neuropathy, injections, physical therapy, home exercise program, hot/cold packs, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/07/14, the UR determination did not approve the twelve sessions of acupuncture stating MTUS guidelines where acupuncture therapy use can be as an adjunct to physical rehabilitation and / or surgical intervention. The claimant is not actively seeking physical rehabilitation or surgical intervention, therefore the advisor did not certify the twelve acupuncture sessions for this claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 x 4-6 weeks low back: 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: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care prior to this request of an unspecified amount and those sessions were approved based on these guidelines. The 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 which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic activities of daily living status and off work. This implies a failure of all treatment, including acupuncture. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if this request had been for an initial trial of acupuncture, MTUS recommends an initial trial of 3-6 visits of acupuncture to produce functional improvement. Therefore, twelve visits of acupuncture exceed this number recommended. Therefore the request is not medically necessary.