

Case Number:	CM14-0059980		
Date Assigned:	07/09/2014	Date of Injury:	08/04/2012
Decision Date:	09/16/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/30/2014

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 six acupuncture sessions. The applicant is a male employee who has filed an industrial claim for lumbar spine injury that occurred on 8/04/12. Mechanism of injury is repetitive in nature, but unspecified in the records reviewed. Currently the patient complains of low back pain precipitated with repetitive bending and stooping. On 2/21/14, the treating physician requested six sessions of acupuncture with electric stimulation to treat his pain and to reduce some of his symptoms. The applicant complains of lower back pain at a level of 8/10 and denies any radiating pain to his lower extremities. His current diagnosis consists of lumbar spine disc degeneration. His treatment to date includes, but is not limited to, X-rays, MRI's, acupuncture, physical therapy, home exercise program, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/07/14, the UR determination did not approve the six sessions of acupuncture in light of "functional improvement", as defined by MTUS. The advisor indicated the applicant received prior acupuncture treatment, but the applicant's most recent clinical progress note failed to provide any evidence of functional deficits and in this absence and since acupuncture therapy is recommended by MTUS, to provide functional gains, these six additional sessions is not supported. Additionally, the details surrounding the prior acupuncture care is not included in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Lumbar Spine #6: Upheld

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

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 of an unspecified amount approved based on these guidelines. 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. His work status did not change due to this course of treatment. He remains temporarily totally disabled and is unable to return to work. Therefore, these additional six sessions of acupuncture therapy; based on the lack of functional improvement, as defined by MTUS; are not medically necessary.