

Case Number:	CM14-0062886		
Date Assigned:	07/11/2014	Date of Injury:	07/08/2011
Decision Date:	10/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 male employee who has filed an industrial claim for a cervical and lumbar spine injury that occurred on 7/08/01. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain in his lumbar and cervical spine. The treating physician requested eight sessions of acupuncture to treat his pain and to reduce some of his symptoms. Records indicate the applicant received prior acupuncture and complains of moderate, intermittent, lower back and neck pain with extremity radiculopathy. The applicant may return to work with restrictions. The applicant's diagnosis consists of status-post right shoulder arthroscopic surgery, lumbar and cervical spine disc disease with degeneration. His treatment to date includes, but is not limited to, eight acupuncture, electric stimulation, physical therapy sessions, MRI, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/11/14, the UR determination did not approve the eight sessions of acupuncture determining the applicant received at least eight sessions of acupuncture with no indication of functional improvement, as defined by MTUS. Also described no discussion of how additional treatments will differ and expected to yield a different or better outcome. Therefore, the advisor did non-certify this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical spine and lumbar spine, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability 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 an initial round of acupuncture care of at least eight visits 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. To note, the applicant has restrictions to his work and status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and not medically necessary as such.