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| Case Number: | CM14-0091662 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/16/2013 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for a cervical MRI, approved a lumbar MRI, denied electrodiagnostic testing of the bilateral upper and bilateral lower extremities, and partially certified a request for 12 sessions of acupuncture as a trial of six sessions of acupuncture. The applicant's attorney subsequently appealed. In a March 6, 2014 progress note, the applicant reported persistent complaints of low back pain, exacerbated by activity. The applicant had a pending lumbar MRI, it was acknowledged. The applicant was pending an acupuncture treatment, it was further noted. The applicant had persistent complaints of hand pain, numbness, and tingling, it was noted. The applicant had reduced sensorium about the C7 distribution and diminished grip strength, it was further stated. The applicant was asked to obtain previously approved acupuncture, obtain a previously approved lumbar MRI, and obtain a right hand MRI. Regular duty work was recommended, although it was not clearly stated whether or not the applicant was in fact working on that occasion. In an earlier note of January 30, 2014, the attending provider suggested that the applicant had been originally injured while forcibly restraining a combative juvenile delinquent. It was more clearly established that the applicant was in fact working on this occasion. The applicant presented with a variety of complaints, including headaches, tinnitus, neck pain, numbness and tingling about the arm, frequent headaches, popping and clicking about the shoulders, episodic numbness and tingling

about the legs, low back pain, and continued hand and wrist pain. Well-preserved, 5/5 bilateral upper extremity strength and well-preserved, 5/5 bilateral lower extremity strength were noted. Diminished ranges of motion of both the cervical and lumbar spines were noted. The applicant was returned to regular work. Various medications were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12-sessions, 3 times per week for 4 weeks for neck and low back): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a first-time request for acupuncture. However, as noted in the California MTUS Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request, as written, then, represents treatment at a rate two to three times the California MTUS parameters. No rationale for treatment this far in excess of the California MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.