

Case Number:	CM14-0189628		
Date Assigned:	11/20/2014	Date of Injury:	11/29/2013
Decision Date:	04/21/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old who has filed a claim for chronic low back pain and ankle pain reportedly associated with an industrial injury of November 29, 2013. The claims administrator failed to approve a request for four sessions of acupuncture through the Utilization Review process. The applicant's attorney subsequently appealed. In a September 3, 2014 medical-legal evaluation, the medical-legal evaluator acknowledged that the applicant was not working and had received acupuncture at various points in time, including between the dates of January 17, 2014 through February 24, 2014. In a progress note dated June 24, 2014, the applicant reported ongoing complaints of low back pain radiating into the lower extremities. The applicant acknowledged that she was not improving, by self-report. Physical therapy was endorsed while the applicant was placed off of work, on total temporary disability. On August 5, 2014, the applicant was, once again, placed off work, on total temporary disability, while chiropractic manipulative therapy was endorsed. 7/10 low back complaints were also noted. Additional acupuncture was sought. The attending provider suggested that the applicant employ acupuncture in conjunction with manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 4 weeks to the lumbar spine and right leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for four sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. As acknowledged by the treating provider, the request in question does represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 792.24.1.d. acknowledge that acupuncture may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite prior acupuncture treatment in 2014 alone. Therefore, the request for additional acupuncture was not medically necessary.