

Case Number:	CM14-0196421		
Date Assigned:	12/08/2014	Date of Injury:	06/24/2008
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 licensed in Acupuncture, has a subspecialty in Addictive 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 injured worker is a male employee who has filed an industrial claim for multiple injuries that occurred on 6/24/08. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of neck, back and bilateral hip pain that radiates to his bilateral leg, foot, and toes. The treating physician requested six sessions of acupuncture with infrared heat to treat his pain and to reduce some of his symptoms. Records indicate the injured worker did receive prior acupuncture treatments and states his function has increased by 30%. On 9/15/14, the treating physician reports the injured worker's lower back is getting worse and needs to see a spinal surgeon as soon as possible. The injured worker is declared permanent and stationary. The injured worker's diagnosis consists of status post failed lower back surgery x 2, lumbar, and thoracic myofascitis, spasms, sacroiliac inflammation of S1, cervico-brachial syndrome, and post traumatic anxiety and depression. His treatment to date includes, but is not limited to, MRIs, X-rays, physical therapy, multiple epidural blocks, chiropractic, acupuncture, EMG/nerve conduction studies of the lower extremities, home exercise program, psychotropic medication, and oral and topical pain and anti-inflammatory medications. In the utilization review report dated 10/29/14, the UR determination did not approve the six additional sessions of acupuncture with infrared heat, based on MTUS acupuncture guidelines for additional acupuncture and based on clinically significant "functional improvement" of the injured worker. The advisor stated "objective evidence of functional improvement is not clearly demonstrated for this patient". Subjective improvement indicated. The patient on 9/15/14 requests a consultation with a spinal surgeon since he feels his condition is worsening. Considering this, the advisor did not certify the request for additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared lamp acupuncture once per week for 6 weeks: 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 injured worker received an initial round of acupuncture care of at least four visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After reviewing the provided medical records, it was determined that the treating physician neglected to provide clinically objective and significant improvement in the injured worker's daily living or a reduction in work restrictions. Subjective notes and data indicate improvement; however, the injured worker stated on 9/15/14 that he feels his condition is worsening and wishes to consult with a spine surgeon. His work status did not change due to the initial round of acupuncture. Therefore, based on the lack of functional improvement and the MTUS guidelines, the additional six sessions of acupuncture with infrared heat therapy is not medically necessary.