

Case Number:	CM15-0140541		
Date Assigned:	08/21/2015	Date of Injury:	10/18/2014
Decision Date:	09/25/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 18, 2014. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve requests for acupuncture and an outer vest. The claims administrator referenced an RFA form and an associated progress note of July 10, 2015 in its determination. The claims administrator seemingly framed the request as a renewal or extension request for acupuncture. The applicant's attorney subsequently appealed. In a handwritten note dated May 12, 2015, the applicant was asked to continue chiropractic manipulative therapy while returning to regular work. Ongoing complaints of low back pain were reported. The applicant was asked to continue home exercises. It did not appear that the applicant was using any medications as of this point. The claims administrator's medical evidence log was surveyed; the most recent note on file was in fact dated June 2, 2015. Thus, the July 10, 2015 progress note in which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

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 2 x 3: 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 six sessions of acupuncture for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the July 10, 2015 progress note on which the article in question was proposed was not seemingly incorporated into the IMR packet. The presence or absence of functional improvement as defined in Section 9792.20e following receipt of earlier unspecified amounts of acupuncture was not detailed or established based on the historical progress notes provided. Therefore, the request was not medically necessary.

Outer Vest: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Similarly, the request for an "outer vest" was likewise not medically necessary, medically appropriate, or indicated here. While it is acknowledged that the July 10, 2015 progress note on which the article in question was proposed was not seemingly incorporated into the IMR packet, the request appeared to be essentially analogous to a request for a lumbar support. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, outside of the acute phase of symptom relief as of the date of the request, July 10, 2015, following an industrial injury of October 18, 2014. Introduction, selection, and/or ongoing usage of an outer vest/lumbar support was not indicated as of this stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.