

Case Number:	CM15-0202175		
Date Assigned:	10/19/2015	Date of Injury:	02/01/2013
Decision Date:	12/31/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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 [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of February 1, 2013. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for 9 sessions of acupuncture. The claims administrator referenced an August 31, 2015 office visit in its determination. The claims administrator noted that the applicant had completed at least four recent treatments of acupuncture prior to the date of the request. On August 31, 2015, the applicant reported unspecified amounts of neck and low back pain. The applicant had had four prior acupuncture treatments, the treating provider contended. The treating provider noted that the applicant had completed four recent acupuncture treatments and contended that receipt of prior acupuncture had diminished the applicant's medication consumption in unspecified amounts. Soma, Naprosyn, and Prilosec were, however, renewed, while the applicant was placed off of work, on total temporary disability. The applicant was, however, described as using Soma, Naprosyn, and Prilosec via an earlier note dated July 30, 2015, at which point 12 sessions of acupuncture were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 12 sessions of acupuncture for the cervical spine was not medically necessary, medically appropriate, or indicated here. The request in question represented 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 applicant was placed off of work, on total temporary disability, as of the date of the request, August 31, 2015. It did not appear that receipt of four prior sessions of acupuncture, thus, had advanced the applicant's work status. The applicant remained dependent on a variety of analgesic medications, including Soma and Naprosyn, the treating provider acknowledged, despite receipt of four prior acupuncture treatments. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least four prior acupuncture treatments. Therefore, the request for 12 additional sessions of acupuncture for the cervical spine was not medically necessary.

Acupuncture for the lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for 12 sessions of acupuncture for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The request in question was likewise 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 applicant remained off of work, on total temporary disability, despite receipt of the four prior acupuncture treatments. The applicant remained dependent on analgesic medications to include Soma and Naprosyn, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of four prior acupuncture treatments. Therefore, the request for 12 additional sessions of acupuncture for the lumbar spine was not medically necessary.

Acupuncture for bilateral shoulders 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Finally, the request for 12 sessions of acupuncture for the bilateral shoulders was likewise not medically necessary, medically appropriate, or indicated here. As

with the preceding request, the request in question represented 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 applicant remained off of work, on total temporary disability, despite receipt of four prior acupuncture treatments. The applicant remained dependent on analgesic medications to include Soma and Naprosyn. All of the foregoing, taken together, suggested a lack of functional improvement as defined in Section 9792.20e, despite receipt of at least four prior sessions of acupuncture through the date of the request. Therefore, the request for 12 additional sessions of acupuncture for the bilateral shoulders was not medically necessary.