

Case Number:	CM13-0063937		
Date Assigned:	01/03/2014	Date of Injury:	07/02/2012
Decision Date:	09/26/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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 Addiction 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 applicant is a male employee who has filed an industrial claim for cervical and lumbar spine injury that occurred on 7/02/12. Mechanism of injury is unspecified in the records reviewed. The treating physician requested eight additional sessions of acupuncture without electric stimulation to treat his pain and to reduce some of his symptoms. Reported the applicant complains of constant low back pain with radiation to the lower extremity, rated at an 9/10. Diagnosis consists of lumbar radiculitis, lumbago, lumbar sprain/strain and left hip bursitis and tendonitis. His treatment to date includes, but is not limited to, acupuncture, sleep apnea study, extracorporeal shockwave therapy, chiropractic, physical therapy, and oral and topical pain and anti-inflammatory medication. The applicant received approval for fourteen acupuncture treatments in April 2013, and the advisor will not approve additional treatment without documented results of functional improvements of the prior treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR LUMBAR SPINE, TWICE PER WEEK FOR FOUR WEEKS:

Upheld

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

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 applicant received acupuncture care of at least fourteen visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, his work status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.