

Case Number:	CM14-0125633		
Date Assigned:	08/11/2014	Date of Injury:	10/17/2006
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Board Certified 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 female employee who has filed an industrial claim for left hand and cervical spine injuries that occurred on 10/17/06. Mechanism of injury is unspecified in records reviewed. Currently the patient complains of mild constant neck pain and left hand pain. The treating physician requested twenty-four sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant's current diagnoses consist of cervical spine sprain/strain, cervical radiculitis and radiculopathy, postsurgical state, and intervertebral disc disorder. Her treatment to date includes, but is not limited to, acupuncture, injections, cervical surgery, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 8/01/14, the UR determination did not approve the twenty-four sessions of acupuncture, but modified and approved six sessions for the left hand only. Eighteen sessions were not certified based on lack of clinically significant objective response to the prior sessions of acupuncture indicating "functional improvement" of the applicant, as defined by MTUS. Therefore, the advisor recommended for non-certification of eighteen, but certified six.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions left through Align Networks: 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 an initial round of acupuncture care of an unspecified number of 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, the applicant has been off work and her status did not change due to this course of treatment. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. The original request for twelve visits exceeds this recommendation and is not medically necessary as such.

12 Acupuncture sessions cervical spine through Align Network: 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 an initial round of acupuncture care of an unspecified number of 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, the applicant has been off work and her status did not change due to this course of treatment. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. The original request for twelve visits exceeds this recommendation and is not medically necessary as such.