

Case Number:	CM14-0162959		
Date Assigned:	10/06/2014	Date of Injury:	01/06/2014
Decision Date:	12/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 male employee who has filed an industrial claim for lumbosacral injury that occurred on 1/06/14. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of low back pain and stiffness. The treating physician requested five additional sessions of electro-acupuncture and to include cupping, tuina and heating; to treat his pain and to reduce some of his symptoms. Records indicate the applicant received an undisclosed amount of acupuncture sessions prior and most recent progress notes indicate a subjective decrease in pain. Pain level has decreased to a 5/10 from a 7/10 in July 2014. The applicant's diagnosis consists of sprain/strain lumbar spine and sacrum. His treatment to date includes, but is not limited to, acupuncture, physical therapy sessions, MRIs, X-rays, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 9/9/14, the UR determination did not approve the five additional sessions of acupuncture determining the applicant received and completed previous sessions of acupuncture with no indication of functional improvement, as defined by MTUS. Also described, the applicant's work status remains unchanged as well. Therefore, the advisor did not certify this request for electro acupuncture, cupping, tuina or heating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture, Cupping, Tui-Na, Heating 5 visits for Lumbosacral: 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 undisclosed number 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's work status did not change due to this course of treatment. Therefore, these additional five sessions of acupuncture therapy is not medically necessary.