MAXIMUS Federal Services

Case Number:	CM14-0215099		
Date Assigned:	01/02/2015	Date of Injury:	01/01/2013
Decision Date:	03/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Ohio, 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:

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The applicant is a represented [redacted] server who has filed a claim for chronic neck, low back, and arm pain reportedly associated with a trip and fall industrial injury of January 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; opioid therapy; muscle relaxants; and the apparent imposition of permanent work restrictions. In a Utilization Review dated December 25, 2014, the claims administrator reportedly failed to approve a request for six sessions of acupuncture, citing a lack of improvement with earlier treatment.The applicant's attorney subsequent appealed. In a November 11, 2014 progress note, the attending provider acknowledged that the applicant had self-procured acupuncture outside of the Workers' Compensation claims. The applicant has had multiple sessions of physical therapy, and was currently using OxyContin, Soma, Zanaflex, it was acknowledged. Permanent work restrictions were in place. A 9/10 pain was noted. The applicant was having difficultly with performing activities of daily living as basic as walking, lifting, sitting and lying down. Additional acupuncture was sought.In a September 23, 2014 progress note, the applicant's treating provider acknowledged that the applicant had issues with left upper extremity complex regional pain syndrome (CRPS) noting that the applicant was significant functionally impaired associated with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1xWk x 6Wks cervical spine and left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As the requesting provider himself acknowledged on November 11, 2014, the request in question did represent a repeat request for acupuncture as the applicant had had previous unspecified amounts of acupuncture through a previous provider, admittedly self-procured. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, here, however, there has been no such demonstration of functional improvement as defined in Section 9792.20f. The applicant was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as OxyContin and non-opioids agents such as Soma and Lyrica. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.