

Case Number:	CM14-0215974		
Date Assigned:	02/11/2015	Date of Injury:	04/13/2012
Decision Date:	03/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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: California

Certification(s)/Specialty: Oriental 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 injured worker is a 51 year old male, who sustained an industrial injury on April 13, 2012. He has reported neck and back pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis not elsewhere specified, lumbar disc displacement without myelopathy and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, radiofrequency therapies, pain medications and work modifications. Currently, the IW complains of chronic neck and back pain. The injured worker reported pain for years that eventually required treatment in 2012. He reported pain in the neck and back and required multiple spine surgeries. He was noted to have used physical therapy and acupuncture as well as radiofrequency treatments. He reported fear of re-injury and anxiety and was treated with psychotherapy. On January 12, 2015, evaluation revealed improved pain with the combination of radiofrequency, acupuncture and pain medication. On November 24, 2014, Utilization Review non-certified a request for 2 sessions of acupuncture, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of 2 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent six acupuncture sessions in the past that combined with another procedure ((radiofrequency rhizotomy was done practically at the same time) gave him 50% pain reduction. No functional improvement was noted other than pain reduction. Additionally, the records reviewed did not substantiate that the pain reduction was attributable to the acupuncture performed. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Without evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained and properly documented with previous acupuncture, additional acupuncture care will not be supported for medical necessity by the guidelines. In addition the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.