

Case Number:	CM15-0077175		
Date Assigned:	04/28/2015	Date of Injury:	11/18/2013
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/22/2015

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 44 year old male, who sustained an industrial injury on November 18, 2013. He has reported back pain, leg pain, headache, dizziness, and depression. Diagnoses have included sprain/strain of the lumbar spine with right lower extremity radiculopathy, and sprain/strain of the right knee. Treatment to date has included medications, interferential unit, acupuncture, epidural steroid injection, and imaging studies. A progress note dated February 20, 2015 indicates a chief complaint of headache, dizziness, lower back pain, right leg pain and weakness, sleep difficulties, depression, memory loss, and anxiety. The treating physician documented a plan of care that included acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatments to include Infrared and Acupressure 2x/week for 4 weeks (Lumbar Spine, Right Knee): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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." Despite that an unknown number of prior acupuncture sessions rendered were reported as beneficial in reducing symptoms, there is lack documentation reporting any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 8, number that exceeds the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity. In regards to the secondary procedures (infrared therapy and acupressure), if the primary procedure which is acupuncture, is not medically necessary, the secondary procedures will not meet the guidelines criteria as standalone modalities.