

Case Number:	CM14-0021840		
Date Assigned:	05/09/2014	Date of Injury:	03/26/2010
Decision Date:	09/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 licensed 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 purpose of this review is to determine the necessity for eight acupuncture sessions. The applicant is a male employee who has filed an industrial claim for injuries to his cervical spine and left upper extremity that occurred on 3/26/10. Mechanism of injury is unspecified in the records reviewed. Currently, the patient complains of neck pain with radiation to the left arm. The primary treating physician requested eight sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant received approval for six acupuncture treatments in January, 2014. The applicant's relative current diagnosis consists of cervical sprain/strain with disc protrusion, bilateral upper extremity radicular symptoms left greater than right and bilateral shoulder internal derangement. He remains off work. Treatment to date includes, but is not limited to, acupuncture, MRI's, x-rays, epidural steroid injections, pain, and anti-inflammatory medications. In the utilization review report, dated 1/31/14, the UR determination did not approve the additional eight sessions of acupuncture in light of "functional improvement" based on MTUS guidelines. Furthermore, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and / or surgical intervention. Recommended is 3-4 sessions over two weeks. The advisor did not approve this request since the patient has been authorized six acupuncture sessions on 1/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4 VISITS FOR NECK AND UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant received approval for six acupuncture sessions on 1/21/14. 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 at least six 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. His work status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.