

Case Number:	CM14-0008263		
Date Assigned:	01/29/2014	Date of Injury:	04/10/2002
Decision Date:	11/20/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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, New York, 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:

The applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 10, 2002. In a Utilization Review report dated December 20, 2013, the claims administrator failed to approve a request for 12 initial acupuncture treatments. The claims administrator referenced a December 6, 2013 office visit in its determination. The claims administrator did seemingly issue a 4-session partial approval, it was incidentally noted. The applicant's attorney subsequently appealed. On an RFA form dated December 11, 2013, the attending provider sought authorization for a 12-session trial of acupuncture. On an associated progress note dated December 6, 2013, the applicant reported ongoing complaints of low back and leg pain. The applicant's medication list included Klonopin, senna, AndroGel, OxyContin, Lunesta, Norco, Flector, Adderall, BuSpar, and Prozac, it was reported. Permanent work restrictions were renewed. The applicant was not working. A 12-session trial of acupuncture was sought. The applicant had received epidural steroid injection therapy and hip trochanteric bursitis injections, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of initial acupuncture therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 12 initial sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledge that acupuncture treatments may be employed in a wide variety of context, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is "3-6 treatments." Here, thus, the request for 12 initial treatments effectively represented introduction of acupuncture at a rate 2-4 times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of acupuncture well in excess of MTUS parameters. Therefore, the request is not medically necessary.