

Case Number:	CM13-0007757		
Date Assigned:	03/03/2014	Date of Injury:	05/22/2012
Decision Date:	06/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/04/2013

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. The expert reviewer is licensed in Acupuncture and is licensed to practice in California. 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:

This is a 53 y/o female patient with pain complains of the neck. Diagnoses included multilevel cervical degenerative disc disease. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, gains reported as "some pain relief") and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x24 was made on 06-06-13 by the PTP. The requested care was denied on 07-10-13 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE CERVICAL SPINE, 2 TIMES A MONTH FOR 12 MONTHS, #24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current 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. The patient underwent an unknown number of

acupuncture sessions (reported as beneficial in reducing symptoms), continues working full duties, without modifications, with lower pain levels than when she was receiving acupuncture, taking the same amount of medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x24, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x24 requested is not supported for medical necessity.