

Case Number:	CM13-0008083		
Date Assigned:	12/20/2013	Date of Injury:	05/22/2001
Decision Date:	01/24/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

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 Board Certified 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 male patient with severe pain complains of lumbar spine, left hand and left ankle. Diagnoses included low back pain; sacroiliac joint pain, left ankle-foot fracture; status post lumbar laminectomy, and status post spinal cord stimulator. Previous treatments included: surgery, spinal cord stimulator, injections, oral medication, physical therapy, acupuncture (on 10-25-13 was reported "acupuncture sessions provided temporary pain relief, with reduced medication, improved function and ADLs"), work modifications amongst others. A request for additional acupuncture x8 was made on 10-25-13 by the primary treating physician. The requested care was modified on 11-13-13 by the UR reviewer approving six additional sessions (within guidelines) and non-certifying 2 sessions (exceeded guidelines). The reviewer rationale was "considering the subjective improvements and functional gains previously obtained and additional six sessions are supported for medical necessity" for further clinical and functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Medical Acupuncture 1x8 for lumbar, left hand, and left foot/ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records reviewed, the patient underwent acupuncture before this request with reported symptom reduction and functional improvements. As the patient continued significantly symptomatic, additional acupuncture for pain management and function improvement was reasonable and supported by the MTUS Acupuncture Guidelines. The MTUS Acupuncture Guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments therefore the care approved by the UR (six additional sessions) is seen as reasonable, appropriate, and within the current guidelines. The 2 sessions that were non-certified exceed the guidelines without extraordinary circumstance reported, and therefore are not supported. The request for office medical acupuncture 1x8 for lumbar, left hand, and left foot/ankle is not medically necessary and appropriate.