

Case Number:	CM13-0014859		
Date Assigned:	03/03/2014	Date of Injury:	01/11/2011
Decision Date:	05/20/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 61 year old female patient with complains of neck, lower back and headaches. Diagnoses included sprain of cervical and lumbar spine. Previous treatments included: unknown number of acupuncture sessions (gains unreported) and work modifications amongst others. The patient presented a flare up of her condition for which a request for additional acupuncture x6 was made on 08-07-13 by the PTP. The requested care was denied on 08-13-13 by the Utilization Review (UR) reviewer. The reviewer rationale was "unknown number of acupuncture sessions were rendered in the past with unreported gains".

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ACUPUNCTURE ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE LOWER BACK AND NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS states that 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 in the past that while the PTP reported as beneficial, no objective improvements were documented (function-Activities of Daily Living (ADL) improvement, medication reduction, work restrictions reduction, etc). Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.