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| Case Number: | CM13-0017417 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 06/19/2010 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 07/19/2013 |
| Priority: | Standard | Application Received: | 08/28/2013 |

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 34 year old patient with pain complaints of the right shoulder, and thoracic-lumbar spine, amongst others. Diagnoses included sprain of the lumbar region. Previous treatments included: injections, oral medication, chiropractic care, physical therapy, acupuncture (unknown number of sessions, gains reported as "helpful in the past") and work modifications amongst others. A request for additional acupuncture 3x4 was made on 07-02-13 by the primary treating physician. The requested care was modified on 07-19-13 by the UR reviewer to approve six sessions and non-certify six sessions. The reviewer rationale was "acupuncture 3x4 exceeds the guidelines; a trial of six sessions is supported by the MTUS as medically and necessary. Additional care may be considered with documentation of objective functional improvement with the trial."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4: 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 provided for review, the patient underwent an unknown number of acupuncture sessions in the past which were reported as "helpful." As the patient continued significantly symptomatic, the additional acupuncture requested 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 reviewer is seen as reasonable, appropriate, and within the current guidelines. If further acupuncture care would be needed and requested, its medical necessity will be based on the functional improvement(s) obtained/documented following the already approved treatment course. The request for Acupuncture 3x4 is not medically necessary and appropriate.