

Case Number:	CM13-0018015		
Date Assigned:	10/11/2013	Date of Injury:	07/15/2012
Decision Date:	01/23/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/29/2013

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:

On several occasions acupuncture was requested, without documentation later on indicating whether acupuncture was rendered. For a symptomatic patient, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS Acupuncture Guidelines. The Guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The primary treating physician exceeded this number without documenting the reasons to support this request in the medical records provided for review. A request of 8 acupuncture sessions exceeds the MTUS Acupuncture Guidelines without an explanation, and does not include the goals for such treatment nor indication of whether previous acupuncture was rendered. The request for retro acupuncture 2x a week for 4 weeks cervical, lumbar, bilateral upper extremities is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro acupuncture 2x a week for 4 weeks cervical, lumbar, bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 555-556., Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: On several occasions acupuncture was requested, without documentation later on indicating whether acupuncture was rendered. For a symptomatic patient, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS Acupuncture Guidelines. The Guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The primary treating physician exceeded this number without documenting the reasons to support this request in the medical records provided for review. A request of 8 acupuncture sessions exceeds the MTUS Acupuncture Guidelines without an explanation, and does not include the goals for such treatment nor indication of whether previous acupuncture was rendered. The request for retro acupuncture 2x a week for 4 weeks cervical, lumbar, bilateral upper extremities is not medically necessary and appropriate.