

Case Number:	CM13-0021802		
Date Assigned:	11/13/2013	Date of Injury:	03/31/2006
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 37 y/o male patient with persistent complains of lower back pain. Diagnosis: lumbar disc displacement. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, unknown DOS, reported as "beneficial"), and work modifications amongst others. As the patient presented a recent exacerbation a request for additional acupuncture x12 was made by the PTP (RFA/report dated 08-12-13). The requested care was non-certified on 08-27-13 by the UR reviewer. The reviewer rationale was "the provider requested acupuncture x12 which exceeds the guidelines criteria without indentifying exceptional factors or circumstances, therefore the request is no supported by the MTUS as medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture visits over thirty (30) days for the lumbar spine: 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 records reviewed, the patient presented an exacerbation of his condition, consequently additional acupuncture for pain management and function improvement

would have been reasonable and supported by the MTUS. The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. As the PTP requested a number of sessions significantly exceeding the MTUS without extraordinary factors or circumstances documented, the request is not supported for medical necessity.