

Case Number:	CM13-0022697		
Date Assigned:	12/20/2013	Date of Injury:	09/26/2007
Decision Date:	01/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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. 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 32 y/o female patient with pain complains of cervical-thoracic spine, and bilateral upper extremities. Previous treatments included: injections, oral medication, physical therapy, acupuncture (unknown number of sessions, reported "as patient responded slowly but favorably in the past"). The review of acupuncture progress notes 8 sessions) despite indicating the patient was improving, no specifics were reported. A request for additional acupuncture was made by the PTP in his last clinical evaluation dated 07-25-13. The requested care was non-certified on 08-22-13 by the UR reviewer. The reviewer rationale was "the amount of previous acupuncture care was not included in the records. In addition, the function response to such treatments was not reported. Therefore and based on the MTUS, additional acupuncture is not supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 5 weeks, cervical and thoracic spine and bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines California Medical Treatment utilization Schedule 9792.23.1 Neck.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Mandated guidelines read 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." This patient underwent at least 8 acupuncture sessions in the past without documented functional improvement such as better ADL's or lessening of the subjective complains. Without evidence of significant, objective functional improvement (quantifiable response to treatment *) obtained with previous care, the reasonableness and necessity of further acupuncture is not apparent. Therefore, the request for additional acupuncture is not supported for medical necessity. *(Decrease of pain (Visual Analog Scale), increased endurance, increased body mechanics and ability to perform ADL (activities of daily living), increased ability to perform job-related duties, reduction of pain medication, improved sleep or reduced pain behaviors, amongst others).