

Case Number:	CM13-0022965		
Date Assigned:	11/15/2013	Date of Injury:	05/22/2012
Decision Date:	01/17/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 male patient with complains of persistent lower back pain, who allegedly improved with previous acupuncture and physical therapy. As the patient continued symptomatic, additional acupuncture x6 was requested by the PTP (PR2 dated 07-25-13). The request was non-certified (08-08-13) by the UR reviewer. The reviewer stated that "additional acupuncture beyond the 23 sessions already rendered was not supported for medical necessity based on the lack of documented functional gains obtained with the previous extensive acupuncture care".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks 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: The Physician Reviewer's 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." There is no evidence of significant, objective functional improvement (quantifiable

response to treatment) obtained with previous 23 acupuncture sessions which is essential to establish the reasonableness and necessity of additional care. There is no indication that the patient obtained any significant objective benefits (like 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), which supports the notion of the treatment been maintenance in nature. Therefore, the request for passive care in the form of acupuncture x6 is not supported for medical necessity.