

Case Number:	CM13-0023583		
Date Assigned:	11/15/2013	Date of Injury:	11/04/2012
Decision Date:	02/12/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 24-year-old male patient with pain complains of the lumbar spine and the right wrist/hand. The documented diagnosis is sprain of the hand-wrist and lumbar spine. Previous treatments included oral medication, physical therapy, acupuncture (unknown number of sessions, unreported gains) and work modifications, amongst others. As the patient continued symptomatic, a request for acupuncture 2x4 was made on 08-07-13 by the primary treating physician. The requested care was denied on 09-05-13 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 x 4, for the lumbar spine and the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient was seen by an acupuncture provider on 06-06-13, and a recommendation for acupuncture was made. On 08-07-13, the primary treating physician requested additional acupuncture, 2x4, to the lumbar, right wrist and hand. In his progress note, which was handwritten and mostly illegible, the subjective complaints are noted, but neither clear motor-sensory-functional deficits nor prior therapies and their benefits were documented in

order to support the need for additional care. In his QME report dated 10-15-13, the evaluator noted that the patient "received acupuncture which is not beneficial...about 24 acupuncture sessions (page 16)". Guidelines state that 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 care, 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 as measured by the 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. Therefore, the request for additional acupuncture is not supported for medical necessity.