

Case Number:	CM13-0026087		
Date Assigned:	11/22/2013	Date of Injury:	10/22/2011
Decision Date:	11/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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 38 year old male patient with pain complains of his lower back and left knee. Diagnoses included sprain of the lumbar spine, lumbago, status post left knee fracture. Previous treatments included: left knee surgery, lumbar epidural injections, oral medication, physical therapy, acupuncture (37 prior sessions, gains were not documented) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made by the PTP. The requested care was denied on 08-28-14 by the UR reviewer. The reviewer rationale was "acupuncture x37 was completed and no functional gains have been observed in the knee or spine that would support further management with additional acupuncture".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current 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."Despite that thirty-seven prior acupuncture sessions rendered, no evidence of any significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x8 is not supported for medical necessity.