

Case Number:	CM13-0026130		
Date Assigned:	03/03/2014	Date of Injury:	08/30/2009
Decision Date:	06/30/2014	UR Denial Date:	09/06/2013
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 57 year old male patient with pain complains of lumbar spine. Diagnoses included lumbago. Previous treatments included: lumbar surgery, oral medication, physical therapy, acupuncture (unknown number of sessions, gains described as "helped dramatically", based on the PTP's PR2 dated 01-15-14), and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 1-2xweek for 2 months was made on 08-28-13 by the PTP. The requested care was denied on 09-06-13 by the UR reviewer. The reviewer rationale was "recent request does not document functional improvement(s) achieved with prior acupuncture; therefore the additional acupuncture is not supported as medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 6 TIMES: 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." After an unknown number of acupuncture sessions (reported as beneficial), the patient continues symptomatic, taking oral medication and no evidence of sustained, 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 requested is not supported for medical necessity.