

Case Number:	CM13-0026319		
Date Assigned:	07/02/2014	Date of Injury:	05/12/2004
Decision Date:	07/30/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	09/19/2013

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 45 year old female patient with pain complains of the neck and lower back. Diagnoses include chronic back and neck pain. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial of 12 visits was made on 7-3-13 by the treating physician. The requested care was denied on 07-19-13. Utilization Review stated that there was no clinical reasoning to introduce acupuncture and no evidence of spinal or extremity deficits for which acupuncture may benefit. The treating physician did not provide what functional gains have been achieved with prior acupuncture or functional gains that would be achieved with the recommended care.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL ACUPUNCTURE X12 TO THE NECK AND BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care

(physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. The request for 12 initial sessions, is significantly more than the number recommended by the guidelines. Without documenting any extraordinary circumstances, the request is seen as excessive, and is therefore not medically necessary.