

Case Number:	CM13-0027920		
Date Assigned:	04/25/2014	Date of Injury:	02/25/1999
Decision Date:	07/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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:

The patient is a female employee of [REDACTED] who filed a claim for a cumulative industrial injury affecting her neck, lower back and extremities. Since the incident from 6/7/88-2/24/99, she has had acupuncture, physical therapy, and currently on pain and anti-inflammatory medications. The requesting physician states acupuncture therapy help the patient improved her daily functioning and would like her to receive acupuncture again. At the date of the determination, 9/19/13, the claim administrator denied the original request of six acupuncture visits stating lack of clinical information pertaining to the lumbar spine deficits and it is unclear if she already had acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, ONE TIME PER WEEK FOR 6 WEEKS, FOR THE NECK AND 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 patient had received acupuncture in the past and stated subjectively it helped with her normal daily functions. However, it is unclear if objective measurements were

provided, the frequency, and when these sessions were provided, so based on MTUS, section 9792.24.1 guidelines for an initial course of acupuncture to establish functional improvement for the patient, these acupuncture therapy sessions are not medically necessary.