

Case Number:	CM13-0028585		
Date Assigned:	11/27/2013	Date of Injury:	01/20/2010
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
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 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 physician 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 44 y/o male patient with chronic pain complains (7-8/10 VAS) of the cervical-lumbar spine and right shoulder (diagnoses included cervical-lumbar sprain/strain, amongst others). As the patient continued symptomatic ("constant severe back-lower back, right shoulder and knee pain"), acupuncture 2x6 was indicated (PTP report dated 05-31-13). An RFA received from the acupuncture provider (RFA dated 09-06-13) requested retrospectively acupuncture x12. On 09-16-13, the retrospective request from the acupuncturist for acupuncture x12 was answered with a modification by the UR reviewer approving 6 sessions ("within guidelines") and non-certifying 6 sessions ("exceeded guidelines").

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective acupuncture 2xWk x 6 Wks for cervical spine, lumbar spine, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, it does not appear that the patient has yet undergone an acupuncture trial when the request was made. As the patient continued

symptomatic regardless of previous treatments (oral medication, physical therapy, HEP and modified duties, amongst others) an acupuncture trial for pain management was reasonable and supported by the MTUS. The current mandated guidelines note that the amount of care to produce functional improvement is 3-6 treatments, therefore the care approved by the UR reviewer is within the current guidelines (MTUS). The same guidelines could support additional acupuncture care based on the functional improvement(s) obtained/documentated following the trial.