

Case Number:	CM13-0029130		
Date Assigned:	11/01/2013	Date of Injury:	10/28/2011
Decision Date:	02/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/24/2013

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 physician 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 61 y/o male patient with pain complains of the neck. Diagnoses included: Status post cervical fusion, cervicgia, Myalgia, Myositis. Previous treatments included: cervical fusion (2012), trigger point injections, oral medication, physical therapy, acupuncture, and work modifications amongst others. As the patient continued significantly symptomatic, a request for additional acupuncture x6 was made on 08-16-13 by the PTP. The requested care was denied on 08-28-13 by the UR reviewer. The reviewer rationale was "functional gains obtained with previous acupuncture were not provided/documented".

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) outpatient acupuncture visits for the cervical spine: 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 the patient underwent an unknown number of acupuncture session in the past for his headaches, which resulted in temporary relief of symptoms (headaches decreased in frequency), with no other improvements reported (decreased in medication intake, improved function-ADLs, etc). Mandated 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." Evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with the previous acupuncture care was not documented. Therefore, the request for additional acupuncture is not supported for medical necessity.