

Case Number:	CM13-0029825		
Date Assigned:	11/01/2013	Date of Injury:	05/21/2012
Decision Date:	01/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician 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 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:

The claimant is a 39 year old claimant with complaints of chronic, persistent lower back pain (diagnoses included L4-L5 disc protrusion with mild to moderate thecal sac indentation, amongst others). As the patient continued to be symptomatic, despite physical therapy-chiropractic care (not beneficial); oral medication; LESI (2 days of temporary relief); and previous therapy modalities; an additional 8 sessions of acupuncture was recommended by the primary treating physician. The request was non-certified on October 17, 2013 by the UR reviewer, stating that "additional acupuncture was not supported for medical necessity based on the lack of documented functional gains obtained with the previous acupuncture care (8 sessions rendered in the past), as a matter of fact the patient was working then modified duties and now is TTD, which is suggestive of a worsening of the condition. This determination may be reconsidered upon receipt of documentation of benefits from previous acupuncture".

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines state that 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." The patient underwent acupuncture in the past which was reported to be beneficial. According to the report from [REDACTED] dated January 30, 2013, "responding well to acupuncture...still have lower back pain...taking less medication...is more active". Medical records described improvement obtained with the previous acupuncture care, but the description is vague and non specific. Without clear documentation of significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture care; additional acupuncture cannot be supported. The request for eight sessions of acupuncture is not medically necessary and appropriate.