

Case Number:	CM13-0031231		
Date Assigned:	12/18/2013	Date of Injury:	08/16/2006
Decision Date:	03/27/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

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, 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 62 year old female patient with neck and lower back pain complaints. Diagnoses included anterior decompression and fusion of the cervical spine and lower back pain. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, unreported gains) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 09-06-13 by the primary treating physician. The requested care was non-certified on 09-13-13 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (8 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines indicate the 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." After an unknown number of acupuncture sessions performed in the past, no significant, objective

functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. The request for 8 sessions of acupuncture is not medically necessary and appropriate.