

Case Number:	CM13-0032653		
Date Assigned:	12/11/2013	Date of Injury:	09/26/2009
Decision Date:	04/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 55 y/o male patient with lower back and left wrist pain complaints. Diagnoses included post left carpal tunnel release, lumbar radiculopathy. Previous treatments included: surgery (CTR (carpal tunnel release)), oral medication, chiropractic-physical therapy, unknown number of acupuncture sessions (gains reported as "helpful"), and work modifications amongst others. As the patient presented a flare up, a request for additional acupuncture made on 08-26-13 by the PTP (primary treating physician) (frequency/duration was not established). The requested care was denied on 09-20-13 by the UR reviewer. The reviewer's rationale was the patient's exam for which the care was requested, did not provide functional deficits that needed to be improved and objective goals for the acupuncture care, therefore the acupuncture was not supported for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE O THE LOWER BACK AND LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: After an unknown number of acupuncture sessions (reported as "beneficial", no specifics documented), additional acupuncture was requested for a flare up. Current 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." Prior acupuncture care was rendered without evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, further acupuncture is not supported for medical necessity. In addition, the current mandated guidelines note that the number to produce functional improvement is 3 to 6 treatments, as the request is for an unknown number of acupuncture sessions, without documenting the frequency and duration, the additional acupuncture is not supported for medical necessity by current guidelines.