

Case Number:	CM13-0033168		
Date Assigned:	12/06/2013	Date of Injury:	09/04/2012
Decision Date:	01/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is an Oriental Medicine Doctor, Licensed Acupuncturist and is licensed to practice in California. He 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 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 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 45 year old male patient with pain complaints of the lumbar spine. Diagnosis: lumbar sprain/strain. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, gains not established) and work modifications amongst others. As the patient continued to be symptomatic, a request for additional acupuncture 2x4 was made by the primary treating physician (PTP) (PR2 dated 09-09-13). The requested care was non-certified on 09-18-13 by the UR reviewer. The reviewer rationale was "the most recent examination from 08-15-13 references an attached report which was not provided. No recent objective clinical documentation has been provided. There is no indication for acupuncture at this time...ongoing active physical rehabilitation, medication treatment or goals for acupuncture not included... Acupuncture is 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 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The records reviewed indicated that patient underwent an unknown number of acupuncture sessions in the past with unreported gains. In his PR2 dated 09-09-13, the PTP requested additional acupuncture x eight (8) without including in his report the subjective complains, objective findings, current motor-sensory-functional deficits, in order to support additional care for medical necessity. In addition, 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." Without evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with previous care and lack of documentation of the current medical condition, the additional acupuncture requested is not supported for medical necessity.