

Case Number:	CM13-0034378		
Date Assigned:	12/06/2013	Date of Injury:	04/14/2000
Decision Date:	10/09/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 61 year old male patient with pain complains of lower back. Diagnoses included thoracic-lumbar disc displacement. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of session, benefits unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture, x12 was made on 08-16-14 by the PTP. The requested care was denied on 09-12-14 by the UR reviewer. The reviewer rationale was "acupuncture does not offer definitive treatment of any orthopedic conditions...the patient has had acupuncture treatment without noted benefit...has had 22 OT sessions without benefits, as such there no indication that the requested acupuncture will be used in conjunction with a rehabilitation program ".The requested care was denied on 09-12-14 by the UR reviewer. The reviewer rationale was "acupuncture does not offer definitive treatment of any orthopedic conditions...the patient has had acupuncture treatment without noted benefit...has had 22 OT sessions without benefits, as such there no indication that the requested acupuncture will be used in conjunction with a rehabilitation program ".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 6 LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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." After an unknown number of prior acupuncture sessions, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the request for acupuncture 2 x 6 lumbar is not medically necessary and appropriate.