

Case Number:	CM13-0038626		
Date Assigned:	12/27/2013	Date of Injury:	01/20/2013
Decision Date:	04/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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:

The patient is a 69 year old male with pain complains of the neck and lower back. Diagnoses included sprain of the lumbar region. Previous treatments include oral medication, physical-chiropractic, acupuncture, and work modifications, amongst others. A request for additional acupuncture was made on 9/20/13 by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Mandated guidelines state that 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. There is no evidence of significant, objective functional improvement that has been obtained with previous care which is essential to establish the reasonableness and necessity of additional care. In addition, the PR-2 from 9/20/13 did not report any neurological, motor, or sensory deficits, or deficits in activities in daily living

that needed to be corrected by the additional acupuncture requested. Therefore, the request for additional acupuncture is noncertified.