

Case Number:	CM13-0043435		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2009
Decision Date:	02/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician 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 physician 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 43 y/o male patient with pain complains of lower back. Diagnosis: sprain of the lumbar spine. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions, functional gains unreported), exercise program, self care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 10-09-13 by the acupuncture provider. The requested care was denied on 10-14-13 by the UR reviewer. The reviewer rationale was "patient feels better with previous acupuncture...however the pain is the same in all the objective parameters and have remained unchanged. Acupuncture appears to be ineffective. Therefore, this request cannot be certified". Due to an unknown reason the criteria applied by the reviewer was the ODG guidelines and not the MTUS which are the guidelines mandated by law.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture additional 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient underwent an unknown number of acupuncture sessions since 2011 without any specific functional improvements documented. Also the additional acupuncture care requested, did not indicate the goals for such care. Mandated guidelines state that 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 any significant, objective functional improvement (quantifiable response to treatment) like medication intake reduction, ADLs improvements, work restrictions reduction, etc, obtained with previous acupuncture in order to establish the reasonableness and necessity of the additional care requested. Therefore, the request for additional acupuncture is not supported for medical necessity.