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| Case Number: | CM13-0043809 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/18/2008 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

This is a 52-year-old patient with severe lower back pain complains. Diagnosis: status post lumbar surgery. Previous treatments included: back surgery x3, spinal cord stimulator, oral medication, acupuncture (18 sessions were rendered in the past, gains were reported as "pain was reduced by 40 %"), physical therapy, and work modifications amongst others. The patient has a history of substance abuse. As the patient continued significantly symptomatic, a request for additional acupuncture 1x12 was made on 10-10-13 by the PTP. The requested care was denied on 10-18-13 by the UR reviewer. The reviewer rationale was "provider failed to mention the number of previous acupuncture sessions...provider failed to document the functional improvement obtained with previous acupuncture...acupuncture x12 exceeds the guidelines and no exceptional factors were mentioned, therefore the acupuncture requested 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, once per week for 12 weeks on the lower back.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has been suffering with severe lower back pain with considerable function-ADLs (activities of daily living) reduction for years. He underwent back surgery x3 but still continued significantly symptomatic; a spinal cord stimulator was tried and was unsuccessful; therefore the patient had to rely on narcotics intake, despite his addition history. It is noteworthy that the patient underwent acupuncture care in the past with 40% pain reduction documented. As the patient continued significantly symptomatic, the additional acupuncture requested for pain management was reasonable and supported by the Acupuncture Medical Treatment Guidelines. The Acupuncture Medical Treatment Guidelines note that the number of acupuncture sessions recommended is 3-6 treatments. Although the care requested by the PTP exceeds the guidelines, in light of the extraordinary circumstances previously described, the patient is an outlier and the care requested (acupuncture x12) is seen as reasonable, appropriate for the management of the chronic pain that this patient presents. The request for acupuncture, once per week for 12 weeks on the lower back, is medically necessary and appropriate.