

Case Number:	CM13-0044604		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2006
Decision Date:	06/16/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 22 year old female patient with chronic pain complains of right upper extremity. The patient was diagnosed with complex regional pain. Previous treatments included: stellate ganglion block, oral medication, physical therapy, acupuncture, and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function of activities of daily living, a request for additional acupuncture x6 was made on 10-09-13 by the primary treating physician. The requested care was denied on 10-17-13 by the UR reviewer. The reviewer rationale was "additional acupuncture is not supported for medical necessity as prior acupuncture did not provide relief as the patient had pain to such an extreme that she presented to emergency and morphine was prescribed".

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE VISITS BETWEEN 10/09/2013 AND 11/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In his report dated 10-09-13, the primary treating physician documented that a ganglion block was requested. No gains from prior acupuncture care were documented within

the medical records provided for review. The MTUS Acupuncture Guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states 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." Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not medically necessary and appropriate.