

Case Number:	CM13-0050190		
Date Assigned:	12/27/2013	Date of Injury:	12/11/2003
Decision Date:	02/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 a Licensed Acupuncturist 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 55 y/o female patient with complaints of anxiety. Diagnoses included: Major depressive disorder, cervical facet syndrome, lumbar degenerative disc disease, amongst others. Previous treatments included: lumbar epidurals, oral medication, physical therapy, acupuncture (unknown number of sessions), and work modifications amongst others. As the patient continued to be symptomatic, a retrospective request for acupuncture 2x6 was made. The requested care was denied on 10-23-13 by the UR reviewer. The reviewer rationale was "the MTUS does not address acupuncture for anxiety. ODG (Official Disability Guidelines) states that acupuncture is under study, with limited evidence to support the effectiveness. Also, documentation does not reveal the patient's response to prior acupuncture, 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:

Retrospective acupuncture 2 times a week for 6 weeks beginning on 8/14/13 to present:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent an unknown number of acupuncture sessions in the past (x12 were approved on 03-05-13) without any objective improvements documented (function- activity of daily living (ADLs) improvement, medication reduction, work restrictions reduction etc). Mandated 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." Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care and/or the extraordinary circumstances to support a number of sessions exceeding the guidelines (x12), the request for additional acupuncture is not supported for medical necessity.