

Case Number:	CM13-0051656		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	04/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 33 year old female patient with lower back pain complains. Diagnoses included lumbosacral sprain. Previous treatments included: oral medication, and work modifications amongst others. As the patient continued significantly symptomatic (VAS 8/10) despite oral medication (Norco), a request for acupuncture 2x6 was made on 10-14-13 by the PTP. The requested care was modified on 10-28-13 by the UR reviewer to approve four sessions (as a trial) and non-certify eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT TWO (2) DAYS A WEEK FOR SIX (6) WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management would have been reasonable and supported by the MTUS Guidelines. The MTUS Acupuncture Guidelines note that the amount to produce functional

improvement is 3 to 6 treatments. The MTUS Guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP initially requested 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive. The request is not medically necessary and appropriate.