

Case Number:	CM13-0052047		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2012
Decision Date:	04/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 39 year-old male patient with lower back pain complains. Diagnoses included sprain of the lumbar spine. Previous treatments included oral medication, self-care and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs, a request for 12 acupuncture treatment sessions was made on 10-01-13 by the primary treating physician (PTP). The requested care was modified on 10-31-13 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "an acupuncture trial is supported by the MTUS, however the frequency/duration is not exceed 6 visits; therefore a modified plan of six sessions is recommended for certification".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2XWK X6WKS LUMBAR SPINE: 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 undergone an acupuncture trial. Since the patient continued to be symptomatic despite previous care, an acupuncture trial for pain management would have been reasonable and supported by

the MTUS. The current mandated guidelines note that the amount of acupuncture sessions to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. Since the PTP requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity