MAXIMUS Federal Services

Case Number:	CM13-0055441		
Date Assigned:	12/30/2013	Date of Injury:	08/30/1993
Decision Date:	05/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 65-year-old female patient, with complaints of neck and lower back pain. The diagnoses included chronic lumbar sprain. The previous treatments included: oral medication, physical therapy, chiropractic care, unknown number of acupuncture sessions (reported as beneficial, no specifics were documented), and work modifications amongst others. As the patient was presenting with "increased discomfort" and "acupuncture has worked in the past", a request for acupuncture times twelve (12) was made on 10-29-13, by the primary treating provider (PTP). The requested care was modified on 11-13-13 by the utilization review (UR) reviewer to approve six (6) sessions and non-certify six (6) sessions. The reviewer's rationale indicated that "a trial of six sessions is reasonable and supported by the MTUS. A modified plan of six sessions was recommended".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that the number of acupuncture sessions to produce functional improvement is three to six (3-6) treatments. The Guidelines also indicate that an 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." The patient already underwent an unknown number of acupuncture sessions in the past without any objective improvements documented, such as functional activities of daily living (ADLs) improvement, medication reduction, and work restrictions reduction). Without evidence of a significant quantifiable response to treatment obtained with the previous acupuncture care and documented extraordinary circumstances to support a number of sessions exceeding the guidelines (times twelve), the request for additional acupuncture is not supported for medical necessity.