

Case Number:	CM13-0056365		
Date Assigned:	12/30/2013	Date of Injury:	01/29/2008
Decision Date:	03/18/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 physician 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 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 52 y/o female patient with pain complains of the right lower limb post amputation. Diagnosis: phantom limb syndrome. Previous treatments included: spinal cord stimulator ("failed to obtained relief"), oral medication, physical therapy, and work modifications amongst others. As the patient continued significantly symptomatic, a request for acupuncture x12 was made on 10-30-13 (RFA) by the PTP. The requested care was modified on 11-06-13 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "after a peer to peer was established that the patient did not have prior acupuncture and the provider agreed to an acupuncture trial x6".

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for the prospective request for 12 Acupuncture Visits between 10/30/2013 and 12/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, the patient continued significantly symptomatic therefore an acupuncture trial for pain management and function improvement was

reasonable and supported by the MTUS. The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. Consequently the six acupuncture sessions approved by the UR reviewer is seen as reasonable, appropriate, within the current guidelines. No extraordinary circumstances were documented in order to support the number of sessions initially requested by the provider, which significantly exceeded current guidelines.