

Case Number:	CM13-0056517		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2011
Decision Date:	04/30/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 Chiropractic 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:

The injured worker is a 55 year old female who reported gastrointestinal issues from an injury sustained on 11/8/11 due to stress. The patient was diagnosed with Irritable bowel syndrome (IBS); anxiety disorder; asthma; constipation; depression and rectocele. The patient was treated with medication and acupuncture, and was re-evaluated after 2 visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 11/8/13, the patient reported symptoms of IBS; patient reports less bloat and abdominal pain with low fermentable oligosaccharides Disaccharides, monosaccharides and polyols diet. The 2 acupuncture treatments greatly improved her ability with bowel movements and made her abdominal discomfort resolve. Primary care is recommending 24 additional acupuncture treatments over a 10 week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of acupuncture over 10 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery".
"Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3)
Optimum duration:1-2 months. Acupuncture treatments may be extended if functional
improvement is documented". The patient has had prior acupuncture treatment, and experienced
improvement with bowel movement and abdominal discomfort with 2 acupuncture treatments.
Per the MTUS Guidelines, 3-6 treatments are sufficient for functional improvement, and
additional visits may be rendered if there is objective documentation of functional improvement.
The treating practitioner did not provide documentation regarding the medical necessity for
further acupuncture treatment. The request is therefore not medically necessary and appropriate.