

Case Number:	CM13-0057328		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2002
Decision Date:	06/16/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 60 year old male patient with pain complains of neck. Diagnoses included cervical discectomy (multiple levels) and cervical hardware removal. Previous treatments included: cervical surgeries, oral medication, physical therapy, acupuncture x6 ("decreased muscle spasms and overall pain") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 10-16-13 by the PTP. The requested care was denied on 11-14-13 by the UR reviewer. The reviewer rationale was that after prior acupuncture x6, "no clear evidence of significant functional improvement-ALDs or reduction of work restrictions resulting from previous acupuncture was presented" therefore the additional acupuncture requested is not supported by the MTUS as medically and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: After six prior acupuncture sessions (reported as beneficial: "decreased muscle spasms and overall pain"), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds the guidelines without extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.