

Case Number:	CM13-0072535		
Date Assigned:	01/17/2014	Date of Injury:	01/18/2012
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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 58 year old male patient with neck, shoulders and lower back pain complaints, amongst others. Diagnoses include cervical-lumbar discopathy, bilateral cubital/carpal tunnel syndrome (double crush). Previous treatments included: oral medication, physical therapy, acupuncture and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture was made on 11-26-13 by the primary treating physician. The requested care was denied on 12-05-13 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE (1) X WEEKLY FOR FOUR (4) WEEKS, FOR LOW BACK PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines indicate 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." After an

unknown number of prior acupuncture sessions (reported as beneficial: "patient responded well"), the patient continues symptomatic, and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided. Therefore, the request for additional acupuncture is not medically necessary and appropriate.