

Case Number:	CM14-0106235		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2009
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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:

The injured worker is a 41-year-old male patient with pain complaints of the neck, lower back and upper extremities. His diagnoses included cervical spondylosis, lumbar disc bulge, left ulnar wrist sprain and right ulnar impingement. Previous treatments have included oral medication, physical therapy, and work modifications amongst others. In particular, he has received acupuncture treatment (8 sessions for the cervical spine were approved on 12-31-13 and another 8 sessions were approved on 04-03-14), with reported gains being improved control of the lower back pain. As the patient continued symptomatic, a request for additional acupuncture x 8 was made on 06-20-16 by the primary treating physician (PTP). The requested care was denied on 06-26-14 by the utilization review (UR) reviewer. The reviewer's rationale was that the medical record does not document functional improvement from prior acupuncture, and therefore the guidelines do not support additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional Acupuncture Treatments for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Sixteen acupuncture sessions were approved for this patient's cervical condition. The PR-2 (progress note) from the acupuncture provider dated 6/16/14, which was post-acupuncture care, reported symptom reduction and function improvement as follows: neck pain and disability index, lower back pain and disability questionnaires and functional scales for upper extremity scores showed improvements. The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also state that extension of acupuncture care could be supported for medical necessity if functional improvement is documented, such as either a clinically significant improvement in activities of daily living (ADLs) or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient underwent acupuncture in the past with objective improvements documented in terms of function (ADLs improvement). Consequently, additional acupuncture could be supported for medical necessity. This request, however, is for acupuncture x 8, care that is exceeding the guidelines without any extraordinary circumstances documented. Therefore, the additional acupuncture x8 is not supported by the MTUS guidelines for medical necessity.