

Case Number:	CM14-0106807		
Date Assigned:	09/30/2014	Date of Injury:	01/24/2007
Decision Date:	10/28/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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:

This is a 30 year old female patient with chronic pain complains of the lower back. Diagnoses included low back pain. Previous treatments included: Fentanyl patches, oral medication, physical therapy, acupuncture (unknown number of sessions, gains reports as symptoms-medication usage reduction) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x4 was made on 06-17-14 by the PTP. The requested care was modified on 07-03-14 by the UR reviewer to approve four sessions and non-certifying four sessions. The reviewer rationale was "acupuncture has been used as an adjunctive treatment for chronic pain...under acupuncture care she is able to reduce the frequency of the Fentanyl patches...the guidelines state that functional improvement should be produced in 3-6 treatments... therefore the request for 8 acupuncture sessions is certified with a modification to 4 acupuncture sessions. Additional care may be considered with documentation of objective functional improvement from the completed visits".

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that 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."The patient underwent acupuncture in the past with objective improvements documented (medication intake reduction). Consequently, additional acupuncture could be supported for medical necessity. The request is for acupuncture x8, care that is exceeding the guidelines without any extraordinary circumstances documented. Therefore, and based on the previously mentioned, the additional acupuncture x8 is not supported by the MTUS (guidelines) for medical necessity.