

Case Number:	CM14-0011556		
Date Assigned:	02/21/2014	Date of Injury:	07/03/2013
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 32 year old female patient with pain complains of lower back. Diagnoses included lumbosacral neuritis. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture x6 (gains reported as "temporary ADLs improvement") and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs, a request for additional acupuncture x4 was made on 01-13-14 by the PTP. The requested care was denied on 01-22-14 by the UR reviewer. The reviewer rationale was "prior acupuncture x6 was rendered without long lasting functional-ADLs improvement, work restrictions reduction, only temporary ADLs improvement was documented. Therefore additional acupuncture x4 is not supported by the guidelines-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:

ACUPUNCTURE 2X WEEK X 2 WKS LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current guidelines read 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." Six prior acupuncture sessions were rendered with "temporal improvement of ADLs". As no evidence of sustained, significant, objective functional-ADLs improvement (quantifiable response to treatment), work restrictions reduction was provided to support the reasonableness and necessity of the additional Acupuncture x4 requested, such request is not supported for medical necessity by the guidelines. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture is not medically necessary.