

Case Number:	CM14-0015002		
Date Assigned:	02/28/2014	Date of Injury:	08/11/2010
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 50-year-old patient with pain complains of the neck. Diagnoses included cervicalgia, degenerative disc disease. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions already rendered, gains reported as "reducing overall pain level, preventing to escalate medication") and work modifications amongst others. As the patient continued symptomatic, additional acupuncture x6 was rendered. The requested additional acupuncture was denied on January 19, 2014 by the UR reviewer. The reviewer rationale was that after prior acupuncture, "available documentation does not adequately document functional improvement and ADLs and work status and active rehabilitation program with home exercises is not detailed to assess functional progress".

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO ACUPUNCTURE X 6 VISITS CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The Acupuncture Medical Treatment 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." Although an unknown number of prior acupuncture sessions were reported as "reducing overall pain level, preventing to escalate medication", no specifics of sustained, significant, objective functional improvement (quantifiable response to treatment) were provided to support the reasonableness and necessity of the additional acupuncture requested. The request for acupuncture for the cervical spine, six visits, performed on July 10 through November 27, 2013, is not medically necessary or appropriate.