

Case Number:	CM14-0016300		
Date Assigned:	04/11/2014	Date of Injury:	07/31/2013
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 a licensed Acupuncturist 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 35 year old female patient with neck and lower back pain complaints. Diagnoses included sprain of cervical-lumbar spine. Previous treatments included: oral medication, physical therapy, acupuncture (x8 sessions, gains reported as "temporary relief only"), and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 01-21-14 by the primary treating physician (PTP). The requested care was modified on 01-27-14 by the Utilization Review (UR) reviewer to approve three sessions and non-certifying five sessions. The reviewer's rationale was "as the patient presents with pain, a modified plan of 3 acupuncture sessions, for pain management and function improvement, is supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL LUMBAR/CERVICAL ACUPUNCTURE VISITS (2X4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The primary treating physician's (PTP) report dated 10-17-13 documented: "patient has attended acupuncture noticing only temporary relief..." A second report from the

PTP dated 01-09-14 indicated: "patient has attended acupuncture noticing 30-40% temporary relief..." 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." After an unknown number of acupuncture sessions (reported as beneficial with temporary symptoms reduction), no significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x8 is not supported for medical necessity.