

Case Number:	CM14-0017784		
Date Assigned:	04/16/2014	Date of Injury:	09/13/2013
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 57 year old female patient with complains of anxiety, panic attack, headaches and decreased appetite, amongst others. Diagnoses included Post Traumatic Stress Disorder. Previous treatments included: oral medication, psychotherapy, acupuncture (unknown number of sessions, gains reported as "excellent results") and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x12 was made on 02-02-14 by the PTP. The requested care was modified on 02-05-14 by the UR reviewer to approve four sessions and non-certifying eight sessions. The reviewer rationale was "based on ODG (Official Disability Guidelines) an acupuncture trial x3-4 is supported as medically and necessary. Additional care may be considered with documentation of objective functional improvement".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 12 VISITS, FOR THE TREATMENT OF PTSD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Acupuncture.

Decision rationale: The records reviewed indicated that the PTP requested acupuncture x12 based on an unknown number of prior acupuncture sessions which were beneficial. The benefits were reported as "excellent results". The acupuncture guidelines (MTUS) do not cover stress, anxiety (PTSD), but ODG supports a trial of 3-4 sessions with evidence of functional improvement, a total of 8-12 could be supported for medical necessity. The request is for acupuncture x12, number that exceeds significantly the guidelines (3-4 sessions as a trial) without a medical reasoning to support such request. Therefore, acupuncture x12 is seen as excessive, not supported for medical necessity.