

Case Number:	CM14-0017966		
Date Assigned:	04/16/2014	Date of Injury:	12/30/2005
Decision Date:	06/03/2014	UR Denial Date:	02/10/2014
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 55 year old female patient with pain complains of the neck and bilateral upper extremities. Diagnoses included cervical radiculopathy, chronic pain syndrome, and carpal tunnel syndrome. Previous treatments included: steroid injection (cervical), cortisone injections to the shoulders, oral medication, physical therapy, unknown number of acupuncture visits (gains obtained were reported by the PTP as medication intake reduction, increase of function, reduction of symptoms) and work modifications, amongst others. As the patient continued significantly symptomatic, taking oral medication, a request for additional acupuncture x6 was made on 01-27-14 by the PTP. The requested care was denied on 02-10-14 by the UR reviewer. The reviewer rationale was "that although acupuncture x6 previously performed was reported with gains: medication intake reduction, reduction in symptoms and function improvement, the documentation did not support these statements, therefore additional acupuncture x6 is not supported by the 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:

ADDITIONAL ACUPUNCTURE QTY: 6.00: 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." After six prior acupuncture sessions (reported as beneficial in reducing symptoms-medication intake and improving functional abilities), the patient continues significantly symptomatic, taking oral medication, without any evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore the additional acupuncture care requested is not supported for medical necessity.