

Case Number:	CM14-0019072		
Date Assigned:	04/23/2014	Date of Injury:	01/28/2011
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 male patient with neck, mid and lower back pain complaints. The diagnoses included lumbar sprain and strain. The previous treatments included: oral medication, physical therapy, acupuncture (12 prior acupuncture sessions were rendered and reported as beneficial: "20-30% improvement") and work modifications amongst others. As the patient continued to be symptomatic, a request for additional acupuncture once a week for four (4) weeks was made on 01-28-14 by the primary treating provider (PTP). The requested care was denied on 01-31-14 by the utilization review (UR) reviewer. The reviewer's rationale was "after acupuncture x10, no clinical significant ADLs-functional improvement was documented."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT ONE (1) TIME A WEEK FOR FOUR (4) WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that 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 twelve (12) acupuncture sessions were performed (reported as beneficial in reducing symptoms 20 to 30%), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture is not supported for medical necessity.