MAXIMUS Federal Services

Case Number:	CM14-0019330		
Date Assigned:	04/21/2014	Date of Injury:	08/08/2001
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
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 50 year old female patient with mid and lower back pain complaints. Diagnosis was lumbosacral radiculitis. Previous treatments included: oral medication, aqua therapy-physical therapy, and work modifications among others. As the patient continued symptomatic, a request for an acupuncture trial 2x4 was made on 01-22-14 by the PTP.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ACUPUNCTURE SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS FOR THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, although there were multiple recommendations from the PTP to undergo acupuncture, it is unclear whether the patient underwent an acupuncture trial or not, before this request. An acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on

the functional improvement(s) obtained with the trial. As the PTP requested 8 sessions, which exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is excessive, and therefore, not supported for medical necessity.