

Case Number:	CM14-0123241		
Date Assigned:	08/08/2014	Date of Injury:	02/12/2010
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Board Certified 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 60 year old female patient with pain complains of the left buttock. Diagnoses included Piriformis Syndrome. Previous treatments included: Botox injections, oral medication, physical therapy, acupuncture (twelve prior sessions, gains reported as "good progressive and synergistic relief") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 07-18-14 by the UR reviewer. The reviewer rationale was "there is no documentation that provides details pertaining to prior acupuncture...there is no provision of acupuncture treatment in the QME report...With limited information regarding the response and number of prior acupuncture sessions, the medical necessity has not been established".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 1 x 6 (left piriformis): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that 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 twelve prior acupuncture sessions (gains reported as "good progressive and synergistic relief"), no objective functional improvement (quantifiable response to treatment) directly obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture times 6 are not supported for medical necessity.