

Case Number:	CM14-0128172		
Date Assigned:	09/23/2014	Date of Injury:	12/30/2013
Decision Date:	11/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 34 year old male patient with pain complains of right shoulder, lower back and right lower extremity. Diagnoses included sprain of right shoulder, sprain of the sacroiliac region. Previous treatments included oral medication, acupuncture (unknown number of prior sessions), chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 07-22-14 by the primary treating physician. The requested care was denied on 08-05-14 by the UR reviewer. The reviewer rationale was "when noting that multiple interventions including acupuncture, chiropractic and physical therapy and oral medication are being utilized, it is not clear which specific interventions are giving this individual significant functional benefit. As such, the request is considered not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture for the right lower extremity, additional 8 visits, outpatient:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current mandated guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After an unknown number of acupuncture sessions rendered in the past (reported as beneficial), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x8) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned (unknown number of previous acupuncture sessions, current request exceeding guidelines) the additional acupuncture x8 is not supported for medical necessity.