

Case Number:	CM14-0132155		
Date Assigned:	08/22/2014	Date of Injury:	02/01/2014
Decision Date:	10/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 49 y/o female patient with pain complains of neck and right shoulder. Diagnoses included sprain of the neck, sprain of the right shoulder. Previous treatments included: oral medication, physical therapy, and acupuncture x 6 (no gains were reported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 07-23-14 by the primary treatment provider (PTP). The requested care was denied on 08-04-14 by the UR reviewer. The reviewer rationale was "acupuncture x6 was previously rendered without documentation of significant, measurable outcomes obtained nor were any increases in ability to perform activities of daily living, increase ability to perform job-related activities or reduced pain medication...the documentation presented by the provider does not establish an updated clinical status of the current subjective complains, objective findings and functional deficits that would substantiate a medical indication for additional acupuncture".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk X 3wks Cervical/RT Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current 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 six prior acupuncture sessions, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request did not include the description of the current medical condition including subjective complains, objective findings, functional deficits to be addressed or the goals for the therapy requested. Therefore, the additional acupuncture x6 is not supported for medical necessity.