

Case Number:	CM14-0132949		
Date Assigned:	08/22/2014	Date of Injury:	01/22/2009
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 52 year old male patient with pain complaints of his neck and lower back. Diagnoses included status post cervical fusion, degenerative lumbar disc disease. Previous treatments included: surgery (cervical fusion), oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x12 was made on 07-16-14 by the primary treating physician. The requested care was denied on 07-28-14 by the UR reviewer. The reviewer rationale was "according to the guidelines, acupuncture is used as an option when medication is reduced or not tolerated, it may use as an adjunct for physical rehabilitation, which was not established by the records reviewed. In addition, the records do not establish objective evidence of any functional limitations as the patient is working full duties without any restrictions".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Treatments for the Neck and Low Back: 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, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (cervical fusion, physical therapy, oral medication, work modifications and self-care) 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 primary treating physician requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive. Therefore, the request for 12 Acupuncture Treatments for the Neck and Low Back is not medically necessary.