

Case Number:	CM14-0133419		
Date Assigned:	08/25/2014	Date of Injury:	10/30/2002
Decision Date:	09/18/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 44 year old female patient with pain complains of lower back. Diagnoses included lumbar radiculopathy, failed back surgery syndrome. Previous treatments included: lower back surgery, epidural injections, oral medication, chiropractic-physical therapy, acupuncture times 11 (specific functional gains were not reported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture times 10 was made on 08-05-14 (RFA-Request for Authorization) by the primary treating physician. The requested care was on 08-13-14 by the UR reviewer. The reviewer rationale was "recently completed acupuncture times 11 without evidence of objective functional improvement or decrease of medication".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X5 TO TREAT THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Eleven acupuncture sessions were already performed with no specific functional improvements documented to support the additional acupuncture requested as

medically and necessary. Also, the request is for acupuncture times 10, number of sessions that exceeds the guidelines without any explanation as to the extraordinary circumstances to support such request. Consequently, the additional acupuncture times 10 are not supported for medical necessity.