

Case Number:	CM14-0134281		
Date Assigned:	08/25/2014	Date of Injury:	04/01/2008
Decision Date:	09/22/2014	UR Denial Date:	08/05/2014
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 a licensed Acupuncturist 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:

The injured worker is a 43-year-old male patient with pain complains of the lower back. Diagnoses included status post lumbar fusion, chronic lower back pain syndrome. Previous treatments included: surgery (lumbar fusion), injections (epidural), oral medication, physical therapy, acupuncture (unknown number of prior sessions, benefits reported as "helped increased mobility-range of motion and decrease overall pain") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture, quantity 8 was made on 07-16-14 by the PTP. The UR reviewer denied the requested care on 08-05-14. The reviewer rationale was "the records reviewed did not specify the objective quantitative gains from prior [acupuncture] intervention in order to support additional acupuncture care for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine for 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." Although an unknown number of acupuncture sessions were rendered in the past and were reported as beneficial; there was no clear evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture, quantity 8, exceeds the guidelines without a medical reasoning to support such request. Therefore, the request for acupuncture to the lumbar spine for 8 sessions is not medically necessary and appropriate.