

Case Number:	CM14-0151299		
Date Assigned:	09/19/2014	Date of Injury:	01/23/2006
Decision Date:	10/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/16/2014

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 58 years old male patient with pain complains of the mid and lower back. Diagnoses included lumbar disc displacement, lumbago. Previous treatments included: epidurals, oral medication, physical therapy, acupuncture (gains reported by the PTP as "increased ability in sitting/standing/medication intake reduction") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 09-16-14 by the UR reviewer. The reviewer rationale was "no functional benefit was provided after previous acupuncture other than the patient reporting benefit over a considerable period of time, last visits in May 14....there is no evidence of functional gains or lessening in medical management physician based or lessening in medication [after prior acupuncture]".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six (6) Acupuncture visits, in treatment of the mid to lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Despite the statement from the PTP (Primary Treating Physician) that the patient was able to reduce the medication intake and increased his ability to stand/walk, no specifics/baseline was provided to support such statement (i.e. the amount of medication before acupuncture and post-acupuncture, there was no mentioning of the distance or time changes before and post acupuncture). The guidelines notes 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 an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms-medication intake and increase function), the patient continues symptomatic, taking oral medication and 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. Therefore, the request of additional six (6) Acupuncture visits, in treatment of the mid to lower back is not medically necessary and appropriate.