

Case Number:	CM14-0154516		
Date Assigned:	09/24/2014	Date of Injury:	03/12/2013
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 45 year old female injured worker with pain complains of neck, lower back and bilateral wrists. Diagnoses included cervical-lumbar spine sprain, status post left carpal tunnel release. Previous treatments included: surgery (CTR), oral medication, chiropractic-physical therapy, acupuncture (six sessions already rendered, gains unreported) and work modifications amongst others. As the injured worker continued symptomatic, a request for additional acupuncture and infrared x8 was made on 08-12-14 by the providing treating physician. The requested care was denied on 08-22-14 by the UR reviewer. The reviewer rationale was "injured worker has had prior acupuncture with unknown functional gains or therapeutic benefits".

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits with Infrared Therapy Bilateral Wrists: 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 the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines also states 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 is for acupuncture x8, number that exceeds the guidelines without a medical reasoning to support such request. In regards to the infrared (heat) request: as acupuncture is not medically and necessary, the infrared as a standalone therapy will not be supported for medical necessity. Heat therapy (self-care) is a modality that the injured worker can apply at home, without the need of direct supervision. Therefore, the Additional 8 Acupuncture Visits with Infrared Therapy Bilateral Wrists is not medically necessary.