

Case Number:	CM14-0155974		
Date Assigned:	09/25/2014	Date of Injury:	05/06/2013
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 56 y/o female patient with pain complains of the back. Diagnoses included sprain of the thoracic-lumbar spine. Previous treatments included: injections, oral medication, physical therapy, acupuncture (4-6 prior sessions, gain reported as "temporary", AME report dated 05-22-14, page 3) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x4 was made by the PTP. The requested care was denied on 08-27-14 by the UR reviewer. The reviewer rationale was after prior acupuncture, "there was no evidence of significant ongoing progressive functional improvement that was documented".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment Times 4 for Treatment of Thoracic and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current mandated 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."After six prior acupuncture sessions (reported as temporary beneficial), no documentation of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x4 is not supported for medical necessity.