

Case Number:	CM14-0157023		
Date Assigned:	09/29/2014	Date of Injury:	03/25/2011
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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 51 year old female patient with pain complains of upper extremities, shoulders, neck and lower back. Diagnoses included sprain of the cervical-lumbar spine, shoulder impingement (bilateral), carpal tunnel syndrome (bilateral). Previous treatments included: surgery (carpal tunnel release), cervical epidural injections, oral medication, physical therapy, acupuncture x10 (no functional benefits were reported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 08-12-14 by the PTP. The requested care was denied on 09-10-14 by the UR. The reviewer rationale was "acupuncture x10 was previously rendered without documentation of measured evidence of clinically significant objective functional improvement".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 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 ten prior acupuncture sessions (gains unreported), the patient continues symptomatic, taking oral medication, waiting for another epidural injection. In addition, no evidence of any 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 x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.