

Case Number:	CM14-0159490		
Date Assigned:	10/03/2014	Date of Injury:	11/19/2010
Decision Date:	11/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 New York & Connecticut. 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:

According to the records made available for review, this is a 32 year old male patient with an 11/19/10 date of injury. Patient has diagnoses of neck, lower back and right hip pains. Patient is taking oral medication and had one steroid epidural injection for his lower back. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X8 there is documentation of main subjective pain complaints of the above. There are objective positive findings including lumbar tenderness and positive objective findings and positive orthopedic tests. He continues to take oral medication. No information is cited in terms of whether patient had prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Further acupuncture care is not medically necessary. In order to support the medical necessity for Acupuncture based on MTUS guidelines, Acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6

treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. There is no information on whether patient was receiving prior Acupuncture; in which case, there would be an obligation to document functional improvement. Moreover, no objective barriers have been identified which would have prevented the natural resolution of the work injury after 4 years. MTUS does not address 4 year old injuries. Therefore the request for 8 sessions is not medically necessary.