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| Case Number: | CM14-0159609 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 10/01/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 New York and 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 54 year old male patient with a 10/01/13 date of injury which resulted from being injured when he was standing on a loading dock and subsequently struck by a moving truck. Patient has diagnoses of neck, upper back, lower back and bilateral shoulder pains. Patient had prior chiropractic and physical therapy. He had MRI scans of his lumbar spine (multilevel disc protrusions/neuroforaminal narrowing), cervical spine (multilevel disc protrusions/neuroforaminal stenosis), thoracic spine, and MRI of both shoulders (partial tears on both). He is on modified work duty. 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 spasm/ tenderness, positive objective findings, limited range of motion and positive orthopedic tests. No information is cited in terms of whether patient had received any acupuncture or benefit objectively/subjectively. (6 visits of acupuncture was approved on 7/29/14)

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 neck, upper back, lower back and bilateral shoulder QTY: 8: 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 California Medical Treatment Utilization Schedule (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. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. The medical records in this file did not clearly document functional progress or if patient did complete his approved 6 sessions. Therefore the request for 8 sessions is not supported by MTUS guidelines.