

Case Number:	CM14-0174296		
Date Assigned:	10/24/2014	Date of Injury:	06/28/2013
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 40 y/o male patient with pain complains of neck, lower back, left shoulder, bilateral knees, left ankle and bilateral wrists. Diagnoses included cervical-lumbar disc bulge. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x12 was made on 08-12-14 by the PTP. The requested care was denied on 09-29-14 by the UR reviewer. The reviewer rationale was "as there is no history of acupuncture treatment, a six visit trial would be supported, acupuncture x12 requested exceeds the guidelines recommendations... there is no history that the patient is participating in any type of active therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture therapy sessions for the left shoulder, bilateral knees, cervical spine, lumbar spine, left ankle, and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain

management and function improvement would have been reasonable and supported by the MTUS. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. In reviewing the records available, acupuncture care was requested on 04-23-14 (x8 sessions) and again on 06-30-14 (x8 sessions). It is unclear whether the patient underwent such care or not, therefore, without the history of the previous acupuncture already completed, the request is not supported for medical necessity. Also, the PTP requested acupuncture x12, which is significantly more than the number recommended by the guidelines. Without any extraordinary circumstances documented, the request is seen as excessive, therefore not supported for medical necessity.