

Case Number:	CM14-0179054		
Date Assigned:	11/03/2014	Date of Injury:	11/22/2006
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 56 year old female patient with pain complains of her neck and bilateral shoulders. Diagnoses included cervical discopathy, rotator cuff syndrome. Previous treatments included: surgeries (cervical discectomy, shoulder arthroscopy), oral medication, physical therapy, acupuncture (unknown number of sessions completed with temporary relief) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 08-12-14 by the PTP. The requested care was denied on 10-01-14 by the UR reviewer. The reviewer rationale was "acupuncture was helpful in decreasing pain for one day, the pain then returning and increasing, no reported functional benefit achieved with prior care, just temporary pain modification".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 x 4 for the Cervical 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 an unknown number of prior acupuncture sessions (reported as beneficial in temporarily reducing symptoms), no evidence of any significant, objective functional improvement (work restrictions reduction, ADLS-function improvement, medication intake reduction etc) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Also the request is for acupuncture x8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional Acupuncture x8 is not medically necessary.