

Case Number:	CM14-0179533		
Date Assigned:	11/04/2014	Date of Injury:	11/15/2002
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 Acupuncturist and is licensed to practice in Florida. 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:

The patient is a 65-year-old male who sustained an industrial injury on 11/15/2002. The patient slipped and fell on wet linoleum. He had been diagnosed with: right shoulder pain, neck pain, low back pain, psyche and headaches. The patient has been taking OTC medications (ibuprofen) and has been prescribed Atarax in 2012 for itching. The patient practices meditation and has a home exercise program that he follows. The patient has received physical therapy, chiropractic and acupuncture treatments. The patient received an unknown amount of acupuncture treatment until 2013. He received an additional 20 acupuncture treatments from May 2013 through January 2014. The documentation suggests that the patient received pain relief from the acupuncture treatments. After reviewing the 419 pages of documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested 8 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient reported improvement of activities of daily living with prior acupuncture treatments; however the records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. Therefore, the request for 8 acupuncture treatments would not be medically necessary.