

Case Number:	CM14-0179918		
Date Assigned:	11/04/2014	Date of Injury:	08/20/1999
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
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 54year old female who sustained an industrial injury on 8/20/1999. The mechanism if the injury is unknown. She has been diagnosed with myelopathy, cervical region and Cervical HNP. The patient has been prescribed Percocet. She has had PT, chiropractic care and acupuncture treatments (the records indicate that the patient had a 4-5 year gap in therapy, and she re-started physical therapy again in early 2014). The patient has stated that the therapies she has received have been beneficial. The documentation indicates that he patient received acupuncture in the past; however, the dates of service or the number of treatments are not specified. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment provided. The medical necessity for the requested 12 acupuncture sessions for the cervical spine has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, x 12 sessions 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 documentation shows the patient received acupuncture in the past; however, there are no details regarding, number of treatments, and patient's response to treatment or functional outcome. 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, and the objective findings from the provider are unknown. Therefore, the request for acupuncture treatments 12 sessions for the cervical spine would not be medically necessary.