

Case Number:	CM14-0183458		
Date Assigned:	11/10/2014	Date of Injury:	09/23/2011
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 licensed 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 59 year old male patient with pain complains of his neck and lower back. Diagnoses included sprain of the cervical spine, C6-7 discopathy with foraminal stenosis, lumbar spondylosis. Previous treatments included: oral medication, aqua therapy, chiropractic-physical therapy, acupuncture (20+ prior sessions, functional gains or otherwise were unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made by the PTP. The requested care was denied on 10-20-14 by the UR reviewer. The reviewer rationale was "the submitted records do not demonstrate significant improvement [with prior acupuncture] to justify ongoing acupuncture for the lower back".

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Acupuncture Sessions for the Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 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." Extensive acupuncture treatment was rendered in the past with no evidence of any sustained, significant, objective functional improvement obtained to support the reasonableness and necessity of the additional acupuncture requested. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS. In the absence of documented functional improvement (clinically significant improvement in activities of daily living) or a reduction in work restrictions and medication intake reduction, the additional acupuncture x8 is not supported for medical necessity.