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| Case Number: | CM14-0183784 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 12/07/2012 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 52-years /old female patient with pain complains of her neck. Diagnoses included cervical radiculopathy. 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 10-14-14 by the PTP. The requested care was denied on 10-22-14 by the UR reviewer. The reviewer rationale was clinical documentation provided does not indicate the patient has reduced or cannot tolerate pain medication or that she is involved in a physical rehabilitation program. There are no extenuating circumstances noted to exceed current treatment guidelines.

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 Cervical Region: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The records available for review do not report that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, 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. As the PTP requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.