

Case Number:	CM14-0184368		
Date Assigned:	11/12/2014	Date of Injury:	05/13/2013
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
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 a licensed Acupuncturist 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 41 year old female patient with pain complains of lower back. The diagnoses included lumbar disc displacement. Previous treatments included: oral medication, chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x12 (to be performed after an epidural injection) was made on 09-18-14 by the PTP. The requested care was modified on 10-03-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "a trial of six sessions is supported by the MTUS as medically and necessary. Additional care may be considered with documentation of functional improvement".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks (12 visits), after injection: 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 this request does not indicate that prior acupuncture was performed (acupuncture trial). For a patient that is symptomatic, an acupuncture trial for pain management and function improvement could 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. Also the acupuncture request is for after-care of an epidural injection which was not done yet, consequently, the medical condition at that time (after the epidural) is unknown, and therefore the need for any future additional care is also unknown. Based on the previously mentioned, the request for acupuncture x12 is not medically necessary.