

Case Number:	CM14-0023751		
Date Assigned:	06/11/2014	Date of Injury:	05/13/1996
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 Accupuncture Medicine 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 62 y/o female patient with pain complains of the neck. Diagnoses included cervicalgia and chronic pain syndrome. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions rendered, gains unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 02-04-14 by the PTP. The requested care was denied on 02-18-14 by the UR reviewer. The reviewer rationale was "additional acupuncture is not supported as medically and necessary without documenting the patient's response to prior acupuncture."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL ELECTRO-ACUPUNCTURE TREATMENT SESSIONS OF THE CERVICAL SPINE, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Cervical> and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders, Medical Treatment Guidelines.

Decision rationale: The current mandated guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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." After an unknown number of acupuncture sessions rendered in the past were reported as beneficial, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not supported for medical necessity.