

Case Number:	CM14-0027998		
Date Assigned:	06/16/2014	Date of Injury:	10/01/2006
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 62 y/o female patient with pain complains of neck and lower back. Diagnoses included cervical radiculopathy, status post cervical discectomy, and lower back pain. Previous treatments included: cervical discectomy, oral medication, physical therapy, acupuncture (unknown number of sessions) and work modifications amongst others. As the patient continued symptomatic a request for additional acupuncture x6 was made on 01-21-14 by the PTP. The requested care was denied on 02-10-14 by the UR reviewer. The reviewer rationale was "after the patient had acupuncture x6 as a trial, there is no significant change or improvement in the symptoms or complains; also there is limited documentation of objective functional gains. Hence, non certification is recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE ONE TIME PER WEEK FOR SIX WEEKS FOR CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records, the report from the PTP dated 01-21-14 documented the patient condition as follows: "The symptomatology in the cervical and lumbar spine is unchanged patient is having increasing headaches, tension between the shoulder blades and migraines examination of the cervical and lumbar spine is unchanged with restricted range of motion acupuncture should be saved for flare ups and this will be requested accordingly 1x6 patient remains permanent and stationary." The guidelines (MTUS) states that 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." The patient underwent an unknown number of acupuncture treatments in the past without objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). As a matter of fact, the PTP indicated that the condition "remained unchanged." Consequently the additional acupuncture requested not supported by the MTUS (guidelines) for medical necessity.