

Case Number:	CM14-0028254		
Date Assigned:	06/20/2014	Date of Injury:	04/04/2008
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
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 Board Certified 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 50 year old male patient with pain complains of the lower back. Diagnoses included degeneration of lumbosacral intervertebral disc, lumbago, sciatica. Previous treatments included: trigger point injections, oral medication, chiropractic-physical therapy, acupuncture (number of prior treatments not documented, gains obtained: unreported), self care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 1-27-14 (RFA). The requested care was denied on 02-05-14 by the UR reviewer. The reviewer rationale was "acupuncture x6 and chiropractic x12 were requested at the same time without indicating the goals for so many conservative visits...unclear if a flare up occurred...unclear if the chiropractor and acupuncturist would be performing overlapping services...therefore the acupuncture request is not supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 6 SESSIONS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines 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." After an unknown number of prior acupuncture sessions, no evidence of sustained, significant, objective functional improvement obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not medically necessary.