

Case Number:	CM14-0029306		
Date Assigned:	06/16/2014	Date of Injury:	05/03/2013
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/07/2014

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 44 year old female patient with pain complains of the neck and lower back. Diagnoses included cervical spondylosis, sprain of the lumbar spine, lumbar disc displacement. Previous treatments included: oral medication, physical therapy, acupuncture (a previous trial reduced symptoms and increased function) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 02-24-14 by the PTP. The requested care was modified on 03-03-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "prior acupuncture trial x8 improved symptoms and function with increased ability to perform more self care activities. Work restrictions have been reduced due to functional improvement, therefore a modified request of six sessions is medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROACUPUNCTURE 2 TIMES PER WEEK FOR 6 WEEKS WITH INFRARED AND MYOFASCIAL RELEASE OF THE LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also 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 acupuncture x8 in the past with objective improvements documented (function-ADLs improvement, work restrictions reduction, etc). Consequently, additional acupuncture could be supported for medical necessity. The PTP request is for acupuncture with infrared and myofascial release x12, care that is exceeding the guidelines without any extraordinary circumstances documented. Therefore, the request for electroacupuncture 2 times per week for 6 weeks with infrared and myofascial release of the lower back is not medically necessary.