

Case Number:	CM14-0037141		
Date Assigned:	06/25/2014	Date of Injury:	12/18/2008
Decision Date:	08/27/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 patient with chronic lower back issues has been under acupuncture for 16 sessions and requests 24 additional sessions. The patient is a female employee who has filed an industrial claim for her lumbar spine injury that occurred on 12/18/08. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of a flare-up of low back and leg pain. As of 3/04/14, the primary treating physician requested an additional twenty-four sessions of acupuncture to treat her pain and to reduce some of her symptoms. Her treatment to date includes, but is not limited to, sixteen prior acupuncture sessions, physical therapy sessions, pain and anti-inflammatory medications, EMG/NCV studies, epidural steroid injections, and MRI's. In the utilization review report, dated 3/10/14, the UR determination did not approve the additional twenty-four sessions of electro-acupuncture in light of functional improvement of MTUS guidelines. The notes provided do not convey specific functional improvement, reduction in pain/spasms or a reduction in medication use for the patient. Therefore, the advisor denied the additional request for these twenty-four acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient with ongoing lower back issues has already received 16 acupuncture treatments. Two to three acupuncture sessions are considered to assess the possibility of functional improvement per MTUS guidelines 9792.24.1. Medical necessity for any further acupuncture treatments is in light of functional improvement. After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the patient's daily living or a reduction in work restrictions. Therefore, these additional twenty-four sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and therefore, not medically necessary.