

Case Number:	CM14-0037954		
Date Assigned:	04/02/2014	Date of Injury:	06/20/2013
Decision Date:	05/02/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The patient is a 37 year old female patient with pain complains of lower back. Diagnoses included lumbar sprain-strain, and lumbar radiculopathy. Previous treatments include oral medication, chiropractic-physical therapy, and work modifications, amongst others. As the patient continued symptomatic, a request for acupuncture 2x4 was made by the PTP (Requested for Authorization, RFA, and dated 02-03-14). The requested care was denied on 03-12-14 by the UR reviewer (chiropractor). The reviewer rationale was "acupuncture x8 exceeds the guidelines; in addition acupuncture is used as an option when pain medication is not tolerated which is not documented in the records; also acupuncture may be used as a adjunct to physical rehabilitation which is not documented in the records either. Therefore the acupuncture requested 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 WITHOUT STIMULATION 15 MIN: 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 available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic-physical therapy, oral medication and work modifications, amongst others) an acupuncture trial for pain management would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. Seeing that the PTP requested initially 8 sessions, which is exceeding the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.