

Case Number:	CM14-0038814		
Date Assigned:	06/27/2014	Date of Injury:	09/16/2008
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 60-year-old female patient with pain complains of lower back. The diagnoses included lumbar post laminectomy syndrome. The previous treatments included: lower back surgery (laminectomy), oral medication, physical therapy, acupuncture times six (benefits reported as symptom-medication intake reduction and function improvement) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture times twelve was made on 08-12-13 by the primary treating physician (PTP). The requested care was modified on 03-14-14 by the utilization review reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "significant functional improvement with prior acupuncture was described explicitly in the medical records; additional acupuncture would be supported to facilitate continued independent active rehabilitation, however should be done on a limited basis and not indefinitely. A modified plan of acupuncture times six is recommended as medically and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LOW BACK TIMES TWELVE (X12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS 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." In this case, the patient underwent six acupuncture sessions with symptom-medication intake reduction and increase of function documented. Consequently, the primary treating physician (PTP) requested additional acupuncture times twelve. The request was modified by the reviewer to approve an additional six sessions. The PTP request of acupuncture time twelve (x12) exceeds the guidelines without any extraordinary circumstances documented. Therefore, the additional acupuncture times twelve is not supported by the MTUS (guidelines) for medical necessity.