

Case Number:	CM14-0044620		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2010
Decision Date:	07/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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 female patient with pain complains of the neck. Diagnoses included sprain of the neck, and cervical spondylosis. Previous treatments included oral medication, physical therapy, massage, acupuncture, and work modifications, amongst others. As the patient continued to be symptomatic, a request for 72 sessions of acupuncture was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 times a month for 6 months- cervical QTY: 72.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state 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 (reported as beneficial in reducing symptoms and medication intake), the patient continues symptomatic, taking oral medication. No evidence of sustained, significant, objective functional improvement was provided to support the reasonableness and necessity of the

additional acupuncture requested. In addition the request is for 72 sessions of acupuncture, a number that significantly exceeds the guideline recommendations without a medical reasoning to support such a request. Therefore, the additional acupuncture is not medically necessary.