

Case Number:	CM14-0047784		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2012
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 61 year-old male patient with pain complains of lower back. Diagnoses included lumbosacral sprain, radiculopathy of left leg. Previous treatments included: oral medication, physical therapy, acupuncture (twelve prior sessions, benefits described as "helped with strength and flexibility, improved daily function") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 03-08-14 by the PTP (primary treating physician). The requested care was denied on 03-20-14 by the UR reviewer. The reviewer rationale was "while there was mention of the need of additional eight acupuncture as reportedly the previous acupuncture x12 helped to increase flexibility, strength and improved daily activities, but no clear as to what specific daily functionability was achieved and whether a return back to work has occurred or not. Therefore, this request is not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 sessions of Acupuncture (2x wk x 4 wks) for 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: Current guidelines read 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." Although twelve prior acupuncture sessions rendered were reported as beneficial, no clear evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x8 is not supported for medical necessity.