

Case Number:	CM14-0051944		
Date Assigned:	07/23/2014	Date of Injury:	03/27/1978
Decision Date:	09/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 licensed Chiropractic 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 injured worker is a 61-year-old male with a reported date of injury on 03/27/1978. There is no mechanism of injury information. The clinical documentation provided for this review consists only of a three page letter authored on 06/12/2014 by the patient's psychologist. The psychologist reports having worked with the patient since 03/24/2005. As of 06/11/2014 the psychologist had seen the patient for 124 hours of psychotherapy in the past nine years. The psychologist reported the patient received regular chiropractic care and reported the patient would do better if he received chiropractic, massage and acupuncture therapy on a regular basis. The psychologist reported it was critical the patient received at least two chiropractic visits per month. The patient had been authorized a brief series of acupuncture visits which were reportedly helpful. The psychologist reported the patient needed ongoing, continuous maintenance care. The psychologist reported the patient required chiropractic care, twice a month, for the rest of his life; acupuncture care, once a month, for the rest of his life; massage therapy, once a month, for the rest of his life, medications maintained at current dosages and Lexapro increased to 20 mg once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions Neck and Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture treatment sessions is not supported by California MTUS Acupuncture Medical Treatment Guidelines to be medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no evidence the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary. When acupuncture is supported, California MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. The psychologist reported the patient had been authorized a brief series of acupuncture visits which were reportedly helpful, yet number of treatments and evidence of functional improvement were not reported. The California MTUS Acupuncture Medical Treatment Guidelines do not support medical necessity for acupuncture treatment sessions in this case.