

Case Number:	CM14-0052685		
Date Assigned:	07/09/2014	Date of Injury:	11/08/2012
Decision Date:	08/07/2014	UR Denial Date:	04/11/2014
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 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 49 y/o male patient with pain complains of the neck and right shoulder. Diagnoses included multilevel disc bulging of the cervical spine with foraminal stenosis. Previous treatments included: oral medication, physical therapy, acupuncture x7 (functional gains obtained with prior care are unknown) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 4-2-14 by the PTP. The requested care was modified on 04-11-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was acupuncture x12 exceeds the guidelines; another trial of six sessions may be appropriate as the patient continues to have significant pain and the range of motion is reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions Acupuncture on the Cervical Spine (2x for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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. After seven prior acupuncture sessions (reported as not beneficial), additional acupuncture x12 was requested by the PTP. The patient continued symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.