

Case Number:	CM14-0060912		
Date Assigned:	07/09/2014	Date of Injury:	02/03/2012
Decision Date:	08/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 52-year-old female patient with pain complains of lower back. Diagnoses included lumbar spine sprain with radiculopathy. Previous treatments included injections, oral medication, physical therapy, 6 sessions of acupuncture (no benefits documented) and work modifications amongst others. As the patient continued significantly symptomatic, a request for additional acupuncture 2 times per week for 4 weeks was made on 03-06-14 by the primary treating physician (PTP). The requested care was denied 04-21-14 by the UR reviewer. The reviewer rationale was the prior six acupuncture sessions to manage chronic lower back were documented, as it does not help. MTUS require functional gains in order to support continuation of care; therefore, the request is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 to the Lumbar: 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 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. The patient already underwent six acupuncture sessions without any objective improvements documented (function-activities of daily living (ADLs) improvement, medication reduction, work restrictions reduction, etc.), as a matter of fact the primary treating physician (PTP) documented that prior acupuncture did not help. Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.