

Case Number:	CM14-0061057		
Date Assigned:	07/09/2014	Date of Injury:	10/02/2001
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
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 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 51-year-old female patient with pain complains of lower back. Diagnoses included lumbar neuritis, lumbosacral spondylosis. Previous treatments included surgery (Lumbar Fusion in 2007), oral medication, physical therapy, acupuncture (6 sessions, gains, if any, were not reported) and work modifications amongst others. As the patient continued symptomatic, a request for additional 12 sessions of acupuncture was made on 03-30-14 by the primary treating physician (PTP). The requested care was denied on 04-10-14 by the UR reviewer. The reviewer rationale was according to the acupuncture guidelines, time to produce functional improvement is 3-6 treatments, the patient had 5/6 acupuncture sessions previously certified without evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Session of Acupuncture for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current guidelines state, that it takes 3-6 acupuncture sessions to produce functional improvement, also states 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 6 acupuncture sessions were rendered, the patient reported in the lower back disability questionnaire (dated 04-17-14): pain prevents me to stand more than 10 minutes, pain prevents me to walk more the one-quarter mile, pain is neither getting better or worse, sitting is extremely painful. Six acupuncture sessions were already rendered with no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for 12 sessions of acupuncture, which is a number that exceeds significantly the guidelines without extraordinary circumstances documented to support such request. Therefore, the additional 12 sessions of acupuncture is not supported for medical necessity.