

Case Number:	CM14-0061759		
Date Assigned:	07/09/2014	Date of Injury:	03/26/2013
Decision Date:	09/12/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 y/o male patient with pain complains of lower back. Diagnoses included lumbar radiculitis. Previous treatments included: lumbar epidural injection, oral medication, physical therapy, acupuncture x 8 (gains unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 03-17-14 by the PTP. The requested care was denied on 04-14-14 by the UR reviewer. The reviewer rationale was "acupuncture was previously rendered without documentation of any specific, sustained functional improvements. Without clear evidence of clinical gains, medical necessity for the additional acupuncture has not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for low back Qty :6.: 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 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 prior acupuncture sessions was rendered, 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 x6 is not supported for medical necessity.