

Case Number:	CM14-0064913		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2001
Decision Date:	08/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 a licensed Acupuncturist 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 59 y/o female patient with pain complains of the neck and lower back. Diagnoses included face and neck injury, myalgia. Previous treatments included: oral medication, physical therapy, acupuncture (x12 sessions were rendered in 2013) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made by the PTP. The requested care was denied on 04-23-14 by the UR reviewer. The reviewer rationale was "that although there is request dated February 2014 for acupuncture, it is unknown if those visits were provided...the recent request does not follow a report of a recent flare up....the PTP is requesting acupuncture without direction as to what area(s) should be applied or the functional gains to be obtained...functional gains obtained with prior care or to be obtained with the requested were not provided..."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 cervical/lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that it will take between 3 to 6 acupuncture treatments to produce functional improvement. Also, notes 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. In 2013, twelve acupuncture sessions were rendered and although such care was reported as beneficial, no significant, objective functional improvement (quantifiable response to treatment) was provided to support the appropriateness of further acupuncture. Also, the request is for acupuncture x12, number that exceeds the guidelines without documenting extraordinary circumstances to support such request. Consequently, the additional acupuncture x12 is not supported and is therefore not medically necessary.