

Case Number:	CM14-0066475		
Date Assigned:	07/11/2014	Date of Injury:	05/06/2013
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 55 year old female patient with pain complains of the lower back. The diagnoses included lumbar disc bulge. Previous treatments included oral medication, chiropractic-physical therapy, acupuncture (unknown number of prior sessions, benefits unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional 8 sessions of acupuncture was made by the primary treating physician. The requested care was denied on 04-08-14 by the UR reviewer. The reviewer rationale was "after prior acupuncture, no indication of functional benefit was documented; patient is still on TTD to support additional acupuncture... prior acupuncture was discontinued because of no benefits".

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture without stimulation 15 minutes to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical therapy.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments 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." The patient already underwent an unknown number of acupuncture sessions without any subjective-objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.