

Case Number:	CM14-0070191		
Date Assigned:	07/14/2014	Date of Injury:	06/21/2013
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/15/2014

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 57 year old female patient with pain complains of the neck and bilateral shoulders. The diagnoses included multiple level cervical discs bulges. Previous treatments included cervical epidural injections, oral medication, chiropractic-physical therapy, 12 acupuncture and work modifications. As the patient continued to be symptomatic, a request for an additional 12 acupuncture sessions was made. The requested care was denied on 04-21-14 by the UR reviewer. The reviewer rationale was given the absence of documentation of any change/improvement in subjective complains or objective findings, without clear functional improvement with prior acupuncture, further acupuncture is not justified by the guidelines, which requires functional improvement with prior care to be documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 10/4/2013 thru 1/9/2014 for Acupuncture with infrared 2 x 6: 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 the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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. After twelve prior acupuncture sessions (gains unreported), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.