

Case Number:	CM14-0074708		
Date Assigned:	07/16/2014	Date of Injury:	08/12/2011
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 46 year old female patient with pain complains of her neck and lower back. Diagnoses included cervical disc displacement, lumbar radiculitis and lumbar myospasm. Previous treatments included: cervical epidural injections, oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions, benefits were unreported) and work modifications amongst others. As the patient continued significantly symptomatic, a request for acupuncture x8 was made on 04-15-14 by the Primary Treating Physician (PTP). The requested care was denied on 05-01-14 by the Utilization Review (UR) reviewer. The reviewer's rationale was "there is no documentation as to how the patient is responding to medication and the acupuncture is to be used as an adjunct to other treatment. Thus, this request for the acupuncture is not considered appropriate."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x a week for 4 weeks on the lumbar spine: 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 note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The guidelines 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." After an unknown number of acupuncture sessions rendered in the past, no functional improvements were documented to support the additional acupuncture requested as reasonable, medically and necessary. In addition the request is for acupuncture x8, number of sessions that exceeds the guidelines without extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x8 is not supported for medical necessity.