

Case Number:	CM14-0078470		
Date Assigned:	07/18/2014	Date of Injury:	10/05/2012
Decision Date:	09/03/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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 neck, left elbow and right shoulder. Diagnoses included cervical spinal stenosis, cervical disc displacement, shoulder sprain, lateral epicondylitis. Previous treatments included: surgeries (cervical fusion, lateral elbow debridement), injections (trigger point injections, occipital nerve block etc), oral medication, physical therapy, acupuncture (unknown number of sessions, prior gains obtained were unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x9 was made by the PTP. The requested care was denied on 05-22-14 by the UR reviewer. The reviewer rationale was "acupuncture x6 was provided without functional improvement documented following the trial, which is required by the guidelines, prior to consideration of additional care. None has been provided, additional acupuncture is denied."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Outpatient Acupuncture x 9 sessions to the Neck, Left Elbow and Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current mandated 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." In reviewing the documentation, despite that acupuncture was requested many times, it is unclear whether it was rendered or not. Also, acupuncture was requested because "the patient will benefit from it", but no goals for the care were incorporated in the requests. In addition the request is for acupuncture x9, care that exceeds the guidelines without extraordinary circumstances reported. Therefore, and based on the previously mentioned, the additional acupuncture x9 is not supported for medical necessity.