

Case Number:	CM14-0078594		
Date Assigned:	07/18/2014	Date of Injury:	02/12/2000
Decision Date:	08/15/2014	UR Denial Date:	04/18/2014
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 56 y/o female patient with pain complains of neck, lower back and right upper-lower extremity. Diagnoses included cervical-lumbar neuritis. Previous treatments included: oral medication, physical therapy x8, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x6 was made on 04-10-14 by the PTP. The UR reviewer denied the requested care on 04-18-14. The reviewer rationale was there is no documentation that the patient has failed conservative modalities such as non-opioid and opioid analgesics and physical therapy and home exercise program, therefore the patient does not meet the industry standards for additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions to lumbar and cervical regions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: On the PR2 report from the PTP it was indicated the patient is seen for increased pain (1) difficulty in ambulation (2) leg weakness which is progressively worse, Tramadol intake up to four times a day and acupuncture trial x6 recommended. In reviewing the

records available, it does not appear that the patient has yet undergone a course of acupuncture. As the patient symptoms increased (1), presenting difficulties with the activities of daily living (2), taking oral medication (3), an acupuncture trial for pain management and function improvement would be reasonable. The guidelines note that time to produce functional improvement is 3 to 6 treatments. Therefore, the requested acupuncture trial x6 by the PTP is supported for medical necessity.