

Case Number:	CM14-0079404		
Date Assigned:	07/18/2014	Date of Injury:	07/31/2013
Decision Date:	08/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/29/2014

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 46 y/o female patient with pain complains of the left hip and lower back. Diagnoses included contusion of the left hip and knee, Degenerative Joint Disease (DJD) of the lumbar spine with foraminal stenosis, sprain of the lower back. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of prior sessions, benefits not reported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x9 was made on 04-17-14 by the PTP. The requested care was denied on 04-25-14 by the UR reviewer. The reviewer rationale was the patient was participating in acupuncture treatments, but none of the previous reports were presented for review. The patient has not returned to work and has minimal function based on the documentation presented for review. The requested number of sessions exceeds the number recommended by the MTUS. Based on the MTUS, the continuation of acupuncture without documentation of objective functional improvement is not supported for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 additional sessions of Acupuncture Therapy for the left hip, 3 times a week for 3 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current 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 an unknown number of prior acupuncture sessions (unreported reported benefits), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x9, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the request for additional acupuncture x9 is not medically necessary.