

Case Number:	CM14-0082245		
Date Assigned:	07/18/2014	Date of Injury:	02/24/2007
Decision Date:	09/11/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/02/2014

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 45 y/o female patient with pain complains of the lower back and left knee. Diagnoses included status post lumbar laminectomy, lumbar radiculopathy. Previous treatments included: surgeries (lumbar laminectomy, left knee medical and lateral meniscectomy), oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial times 16 was made on 04-28-14. The requested care was denied on 05-17-14 by the UR reviewer. The reviewer rationale was "no exceptional indications were documented for the need for the extended acupuncture or the need for concurrent multiple therapy modalities".

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of Acupuncture for Lumbar Spine Without Stimulation 15 minutes (2x for 8wks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care

(chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 16 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore the request is not medically necessary.