

Case Number:	CM14-0084485		
Date Assigned:	07/21/2014	Date of Injury:	02/09/2009
Decision Date:	10/23/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 37 y/o female patient with pain complains of right shoulder and hand. Diagnosis included Reflex Sympathetic Dystrophy (RSD). Previous treatments included: stellate ganglion block, oral medication, physical therapy, acupuncture (x6 were rendered with "dramatic reduction of pain...uses less medication") and work modifications amongst others. For future flare ups, a request for additional acupuncture x12 was made on 04-17-14 by the PTP. The requested care was modified on 05-08-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "acupuncture 1xday for 12months exceeds the guidelines...[based on functional improvement obtained with prior acupuncture x6] additional acupuncture x6 for future flare ups is supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one (1) time a day for twelve (12) months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states 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." The patient underwent acupuncture x6 with objective improvements documented (function-ADLs improvement, medication reduction, etc). Consequently, additional acupuncture could be supported for medical necessity. In this case, the request is for acupuncture x12, care that is exceeding the guidelines without any extraordinary circumstances documented. Also, the care is requested for future flare ups: at the time of the flare up, the medical condition will be re-assessed and a decision on a requested treatment plan will be look at for medical necessity, but not before the flare ups occurs. Therefore, and based on the previously mentioned, the additional acupuncture x12 is not supported by the MTUS (guidelines) for medical necessity.