

Case Number:	CM14-0094439		
Date Assigned:	08/01/2014	Date of Injury:	10/14/2013
Decision Date:	12/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 42 y/o male patient with pain complains of lower back and left foot. Diagnoses included sprain of the lumbosacral spine, plantar fasciitis. Previous treatments included: steroid injection to the left foot, oral medication, chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x12 was made on 04-15-14 by the PTP. The requested care was modified on 06-10-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "a trial of six was recommended for certification."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Visits for the Lumbar Spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back

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 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.