

Case Number:	CM14-0097459		
Date Assigned:	09/12/2014	Date of Injury:	05/01/2007
Decision Date:	10/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/21/2014

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 New York and Connecticut. 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:

According to the records made available for review, this is a 50 year old female patient sustained a neck injury with a 5/1/2007 date of injury. Cervical MRI dated 1/16/13 revealed some deficits including C3-6 stenosis, C4-5 bulging, and C5-6 disc herniations. EMG/NCS dated 7/23/12 reveals right C6 radiculopathy. There is limited range of motion on the report dated 5/22/14. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, there is documentation of main subjective pain complaints on the above. There is lack of information on the amount of prior acupuncture or documentation of objective benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Cervical Spine, twice a week for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In order to support the medical necessity for acupuncture based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document

functional improvement which was absent in this file (as a request for continuing acupuncture after having had prior sessions). There is no documentation of the amount of prior acupuncture, whether the amount was consistent with guidelines, and there is no information on objective/functional improvement from prior sessions of acupuncture of unknown amount. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. The medical records in this file did not clearly document functional progress from her prior sessions. For these reasons continued Acupuncture for the Cervical Spine, twice a week for one month is not medically necessary and appropriate.