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| Case Number: | CM14-0097822 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/25/2010 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Board Certified 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 49 y/o male patient with pain complains of mid and lower back. Diagnoses included chronic thoracic-lumbar sprain. Previous treatments included: epidural, trigger point injections, oral medication, chiropractic-physical therapy, acupuncture (x12, gains reported as "effective") and work modifications amongst others. As the patient presented a flare up, a request for additional acupuncture x6 was made on 05-06-14 by the PTP. The requested care was denied on 06-03-14 by the UR reviewer. The reviewer rationale was "prior acupuncture was rendered without objective functional improvement or pain relief".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks (Thoracic/ Lumbar Spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Although twelve prior acupuncture sessions rendered were reported as "effective", no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not medically necessary.

