

Case Number:	CM14-0155928		
Date Assigned:	09/25/2014	Date of Injury:	02/14/2013
Decision Date:	01/30/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Acupuncturist, 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 39 y/o female patient with pain complains of her lower back. Diagnoses included sprain and strain of the lumbar spine, lumbar radiculitis. Previous treatments included: oral medication, chiropractic care, physical therapy (unknown number of prior sessions or functional gains obtained with such care), acupuncture (unknown number of prior sessions or functional gains obtained with such care) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 and additional physical therapy x12 was made on 06-20-14 by the PTP. The requested care was denied on 08-26-14 by the UR reviewer. The reviewer rationale was "the patient had prior acupuncture and physical therapy without evidence of specific subjective, objective and functional progress documented from the previous care".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same guidelines read 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." After an unknown number of prior acupuncture sessions, no evidence of any significant, subjective complaint or objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity. In regards to the additional physical therapy requested: the primary care physician in his report dated 06-20-14 indicated the he was "requesting a pain management consultation due to ongoing lumbar spine pain to responding to therapy." and then his treatment plan indicated "requesting a course of physical therapy 2x6." Based on the previously stated is unclear the goals for additional physical therapy when the patient was not responding to prior therapy. Consequently, the physical therapy x12 is not supported for medical necessity.