

Case Number:	CM14-0169994		
Date Assigned:	10/20/2014	Date of Injury:	12/08/2012
Decision Date:	01/12/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 41 year old female patient with pain complaints of her neck and right wrist-hand. Diagnoses included cervical disc herniations with radiculopathy; right carpal tunnel syndrome. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions completed or functional gains obtained) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 09-22-14 by the primary treating physician. The requested care was denied on 09-23-14 by the UR reviewer. The reviewer's rationale was "there was no detailed documentation of reasonably maintained functional improvement from prior acupuncture."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for 8 sessions for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 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 (reported as beneficial), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with prior acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for 8 session of acupuncture, a number that exceeds the guidelines without a medical reasoning to support such a request. Therefore, the request is not supported for medical necessity.