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| Case Number: | CM14-0195481 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 07/06/2012 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 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 34 years old female patient with pain complains of her neck, lower back and right wrist. Diagnoses included sprain of the cervical-lumbar spine, right wrist sprain. Previous treatments included oral medication, chiropractic-physical therapy, acupuncture (unknown number of prior sessions, reported as not beneficial) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 10-21-14 by the UR reviewer. The reviewer rationale was "it is unclear if the patient had acupuncture previously for cervical and lumbar spine...prior acupuncture for the right wrist noted as not beneficial, therefore the medical necessity of this request is not established".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, once weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS (guidelines) states that 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." The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc.). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.