

Case Number:	CM14-0198216		
Date Assigned:	12/08/2014	Date of Injury:	01/07/2014
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 60 year old female patient with pain complains of bilateral upper extremities. Diagnoses included status post left calcaneous fracture, status post thoracic-lumbar compression fracture, amongst others. Previous treatments included: surgery to reduce the fractures, oral medication, aquatic-physical therapy, acupuncture (24 previous sessions with lack of documented efficacy from this type of care) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 10-14-14 by the PTP (primary treating provider). The requested care was denied on 11-06-14 by the UR reviewer. The reviewer rationale was extensive acupuncture x24 was previously rendered with "lack of efficacy documented".

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. Also, additional acupuncture care could be supported

for medical necessity based on the functional improvement(s) obtained/documented with previous care. After extensive acupuncture (x24 sessions) rendered in the past, no documentation was submitted indicating any objective benefits attributable to acupuncture in order to support ongoing acupuncture for medical necessity. In addition the request is for acupuncture x12, number of sessions that exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x12 is not supported for medical necessity.