

Case Number:	CM14-0198761		
Date Assigned:	12/09/2014	Date of Injury:	05/06/2014
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/26/2014

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 a licensed 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 53 year-old male patient with pain complaints of the neck, lower back, shoulders, left hand and right foot. The diagnoses included sprain of cervical-lumbar spine, sprain and strain of both shoulders, amongst others. The previous treatments included: oral medication, physical therapy, acupuncture (x8, no improvements reported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 10-01-14 by the PTP. The requested care was denied on 10-22-14 by the UR reviewer. The reviewer's rationale was that the "patient had previous acupuncture. A positive response is necessary to continue acupuncture per guidelines. No subjective or objective response to past acupuncture was documented".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWkx6Wks, Lumabr, Cervical, Bilateral Shoulder, Left Hand, Right Foot:
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 number of acupuncture sessions to produce functional improvement is 3-6 treatments also 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 has already underwent eight acupuncture sessions without any subjective or objective improvements documented (pain levels reduction, 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 and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x12), the request for additional acupuncture is not supported for medical necessity.