

Case Number:	CM14-0199942		
Date Assigned:	12/10/2014	Date of Injury:	05/27/2009
Decision Date:	01/26/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 50 year old male patient with pain complains of his lower back. Diagnoses included status post laminectomy. Previous treatments included: lower back surgery, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture times 18 was made on 11-05-14 by the primary treating physician (PTP). The requested care was denied on 11-21-14 by the UR reviewer. The reviewer rationale was "acupuncture times 18 exceeds the 3-6 sessions supported by the guidelines; in addition there is no clear medication intolerance or rehabilitation plan for adjunctive treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times per week times 6 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Subheading, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (surgery, physical therapy, oral medication, work modifications and self-care) an acupuncture

trial for pain management and function improvement would have been reasonable and supported by the California MTUS. The current guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary treating physician (PTP) requested initially 18 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.