

Case Number:	CM14-0208711		
Date Assigned:	12/22/2014	Date of Injury:	02/21/2014
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 52 y/o female patient with pain complains of her neck, lower back and bilateral upper extremities. Diagnoses included cervical myofascial pain, lumbar strain, shoulder tendonitis. Previous treatments included: oral medication, physical therapy, acupuncture (x12 sessions were authorized, unreported the number of sessions completed) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 11-05-14 by the PTP (report not available for review). The requested care was denied on 11-13-14 by the UR reviewer. The reviewer rationale was "this is request for additional acupuncture...the records did not provided a measurable objective goal that is deficient and in then need of improvement".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical, lumbar, and bilateral upper extremities, twice weekly for three weeks: 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. The same guidelines 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." From the twelve acupuncture sessions previously authorized, it was not reported the number of sessions already completed and the benefits obtained. In the absence of any improvements documented with prior care (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc.), the request for additional acupuncture is not supported for medical necessity.