

Case Number:	CM14-0210806		
Date Assigned:	12/23/2014	Date of Injury:	04/01/2014
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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 59 y/o female patient with pain complains of neck, mid-lower back, right elbow, right knee-ankle-foot, amongst others. Diagnoses included cervical-lumbar disc displacement, thoracic sprain, right ankle-foot sprain. Previous treatments included: oral medication, physical therapy, acupuncture x13 (functional benefits documented as pain level reduction from 10 to 8) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the primary care physician on 11-05-14. The requested care was denied on 11-18-14 by the UR reviewer. The reviewer rationale was "there is insufficient information on the previous number of acupuncture sessions [completed], their outcome and whether was used in conjunction with a physical therapy program as well as pain medication".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty 6 for cervical and lumbar spine (3x wk x 2 wks): 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 (ODG), Electrodiagnosis Studies (EDS)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." After an unknown number of prior acupuncture sessions, no documentation of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional Acupuncture requested is not supported for medical necessity.