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| Case Number: | CM15-0136822 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 06/01/2001 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on 6/01/2001. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include chronic pain syndrome, pain in shoulder joint, myalgia/myositis, muscle spasm, and pain in joint upper arm and lower leg. Treatments to date include ibuprofen, Norco, and acupuncture treatments noted to provide significant relief in pain. Currently, he complained of pain in the neck, right upper extremity, and low back with radiation to lower extremities. On 3/10/15, the physical examination documented tenderness to the lumbosacral junction. The plan of care included eighteen additional acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 18 total visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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." Despite that unknown number of prior acupuncture sessions were reported as beneficial in reducing symptoms, the patient continues symptomatic, taking oral medication and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request number of acupuncture sessions requested exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity. (Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.)