

Case Number:	CM15-0196949		
Date Assigned:	10/12/2015	Date of Injury:	12/14/1987
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Chiropractor, 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 61 year old male, who sustained an industrial injury on 12-14-1987. The injured worker is undergoing treatment for: ulcerative colitis, sclerosing cholangitis. On 7-8-2015, he reported having no acute symptoms and was seen in follow up to sclerosing cholangitis and ulcerative colitis. Physical findings revealed the abdomen to be soft, no noted hepatosplenomegaly, no increased bowel sounds or abdominal tenderness. The treatment and diagnostic testing to date has included: laboratory work (date unclear), magnetic resonance imaging of the abdomen (8-7-15), and medications. Medications have included: ursodial, sulfasalazine, folic acid, aciphex. Current work status: unclear. The request for authorization is for: 25 acupuncture sessions. The UR dated 9-1-2015: non-certified the request for 25 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

25 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 1, 2015 denied the treatment request for 25 acupuncture sessions between 8/27/15 and 11/26/15 citing CA MTUS acupuncture treatment guidelines. The patient's medical history includes medical management for product sclerosing cholangitis and ulcerative sclerosis with medications including a current course of treatment including Bullock acid, natural fish/plant oils, Aciphex, Ursodi ad Sulfasalazine. The submitted progress report of July 8, 2015 did not address the patient with acute symptoms of abdominal pain. In the absence of any acute pain, the use of acupuncture was not considered medically reasonable or necessary given the criteria for care per CA MTUS acupuncture treatment guidelines. There was no evidence that the patient had any abdominal complaints, abdominal pain, nausea or diarrhea leaving me prerequisites for administering acupuncture care, the presentation pain either chronic or acute absent in supporting the medical opinion that that acupuncture was not medically necessary. Medical necessity for acupuncture care, 25 visits to manage chronic inflammatory bowel disease is not supported by the reviewed records or the criteria for administering acupuncture care per CA MTUS acupuncture treatment guidelines.