

Case Number:	CM15-0201041		
Date Assigned:	10/16/2015	Date of Injury:	04/29/1996
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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 69 year old male, who sustained an industrial injury on April 29, 1996. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post multiple trauma with extensive nerve damage to the right lower extremity resulting in paralysis from the hip down, left transfemoral traumatic amputation, left lower extremity phantom limb pain syndrome, post-herpetic neuralgic left axilla and right lower extremity paralysis secondary to multiple trauma. Treatment to date has included acupuncture and medication. Acupuncture notes were included for review from April 2015 until September 2015. On September 29, 2015, the injured worker reported phantom limb pain. He was noted to be doing well and remain stable. He reported that acupuncture significantly reduces his pain to a more tolerable level and allows him to avoid using narcotic pain medication. He was continuing to take Naprosyn for anti-inflammatory effect as needed. The treatment plan included a continuation of acupuncture from September 29, 2015 to September 29, 2016 for a total of 48 sessions. He was noted to have completed the previous prescription. On October 29, 2015, utilization review denied a request for 48 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

48 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documentated with previous care. After prior acupuncture sessions rendered in the past (reported as beneficial in symptom reduction, and narcotic medication intake reduction), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 48) exceeds the guidelines criteria without a medical reasoning or extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 48 is not supported for medical necessity.