

Case Number:	CM15-0023168		
Date Assigned:	02/12/2015	Date of Injury:	05/20/1986
Decision Date:	04/23/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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:

This is a 66 y/o male patient with chronic lower back pain complains since his injury over 28 years ago. Diagnoses included lumbar radiculopathy. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x 8 was made by the primary care physician. The requested care was denied on 01-20-15 by the utilization reviewer (UR) as it was not support as medically and necessary by the MTUS-guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture treatments for the lumbar spine 2 times a week for 4 weeks, as an outpatient: 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 amount of acupuncture to produce functional improvement is 3 to 6 treatments and 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." The request for acupuncture x 8 was made by the provider via a handwritten report, with poor penmanship, partially illegible. It was not documented whether this is an acupuncture trial, also was unreported the goals for the acupuncture request or the deficits to be addressed by this kind of care. Based on the providers reporting, the patient is not presenting a flare up of the condition or a re-injury and seems that the care is requested for the management of the chronic pain syndrome. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition, the request is for acupuncture x 8, number that exceeds the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.