

Case Number:	CM15-0029530		
Date Assigned:	02/23/2015	Date of Injury:	08/31/2006
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 36 year old female who sustained an industrial injury on 08/31/2006. Current diagnoses were not legible on the report provided. Previous treatments included medication management, chiropractic, and acupuncture. Report dated 01/22/2015 noted that the injured worker presented with complaints that included moderate pain, with stiffness and aching. Physical examination was positive for abnormal findings. The documentation submitted did not include any prior acupuncture progress notes or the amount of acupuncture visits completed to date. Utilization review performed on 01/30/2015 non-certified a prescription for 6 acupuncture visits with infra lamp/medical supplies/kineseo tape, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture with Infra Lamp/Medical Supply/Kinesio Tape: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment Page(s): 99.

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 (reported as beneficial in reducing symptoms), and no clear evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to prior acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not supported for medical necessity based on the Chronic Pain Medical Guidelines, page 99; Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment. The injury that the patient presents is of a chronic nature, without a clear flare up documented, therefore additional passive therapy in the form of Kinesio Tapping or infrared lamp is not supported for medical necessity.