

Case Number:	CM13-0011059		
Date Assigned:	03/19/2014	Date of Injury:	04/23/2004
Decision Date:	06/30/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old male who has reported neck and back pain after an injury on 4/23/04. Treatment has included chiropractic care, multiple cervical spine surgeries, medications, and physical therapy. On 7/16/13 the treating physician prescribed 12 visits of acupuncture. There was no account of a prior course of acupuncture along with specific results of prior acupuncture, if any. On 8/7/13, Utilization Review non-certified a course of 12 acupuncture visits, noting the MTUS recommendations for a trial of 3-6 visits. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE CERVICAL SPINE, 12 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of acupuncture is 3-6 visits per the MTUS. No information was provided showing that the current prescription is for additional acupuncture, or that there has been a prior

course of acupuncture with functional improvement. The current prescription is presumed to be for an initial course. The current prescription is for 12 visits, which exceeds the quantity recommended in the MTUS. Therefore, the prescription for 12 visits is not medically necessary due to an excessive quantity of visits that would be performed prior to the necessary consideration of functional improvement. The request is not medically necessary and appropriate.