

Case Number:	CM14-0122751		
Date Assigned:	09/16/2014	Date of Injury:	06/14/2012
Decision Date:	11/20/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Acupuncture 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 48 y/o female patient with pain complains of her neck. Diagnoses included sprain of cervical spine, cervical radiculopathy. Previous treatments included: epidural injections, oral medication, physical therapy, acupuncture (unknown number of prior sessions, gains reported as "reduced pain") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 07-14-14 by the PTP (PR2). The requested care was denied on 07-23-14 by the UR reviewer. The reviewer rationale was "prior acupuncture was rendered with absence of documentation on the number of sessions completed or the significant improvements in activities of daily living or reduction in work restrictions".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 for the Neck: 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 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." An unknown number of prior acupuncture sessions were previously rendered with no evidence of any sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction etc) to support the reasonableness and necessity of the additional acupuncture requested. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS. Therefore, the additional acupuncture is not supported for medical necessity.