

Case Number:	CM14-0123961		
Date Assigned:	09/25/2014	Date of Injury:	04/05/2010
Decision Date:	11/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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 56 y/o male patient with pain complains of the neck and right shoulder. Diagnoses included sprain and strain of the cervical spine and the right shoulder. Previous treatments included: steroid injection, oral medication, chiropractic-physical therapy, acupuncture (unknown number of prior sessions, benefits reported as "helped") and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x12 was made by the PTP. The requested care was denied on 07-16-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "there is no indication that acupuncture has not been tried as a treatment modality in the past and if so, when and with what results".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical spine, stenoclavicular and right shoulder two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, (2008 Revision), Shoulder Complaints, page 555-556

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current mandated 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), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.