

Case Number:	CM14-0128789		
Date Assigned:	08/18/2014	Date of Injury:	12/26/2012
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 licensed 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 lower back and right ankle. Diagnoses included lumbar radiculopathy, lumbar sprain and strain, right ankle sprain and strain. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture x2 (gains unreported) and work modifications amongst others. As the patient was symptomatic, a request for a additional acupuncture x8 was made on 07-03-14 by the PTP. The requested care was modified on 08-01-14 by the UR reviewer to approve four sessions and non-certifying four sessions. The reviewer rationale was "acupuncture x8 exceeds the guidelines; a modified four sessions is recommended initially to enable the provider to assess the efficacy of this intervention at increasing function and decreasing pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks, lumbar spine and right ankle: 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. Also, the guidelines could support additional care based on the

functional improvement(s) obtained/documentated with previous care. Acupuncture x2 was performed in the past, without documenting whether it was beneficial or not. The number of sessions currently requested (x8) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x8 is not supported for medical necessity.