

Case Number:	CM14-0155498		
Date Assigned:	09/25/2014	Date of Injury:	10/20/1991
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 53 year old male patient with pain complains of the lower back. Diagnoses included lumbar post-laminectomy syndrome. Previous treatments included: surgery, oral medication, physical therapy, acupuncture (unknown number of prior acupuncture sessions, gains reported as "pain reduction and medication intake reduction") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made by the PTP. The requested care was modified on 08-28-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "given that the patient is currently undergoing a medication reduction program with increased symptoms, acupuncture x6 for adjuvant analgesia would be reasonable to alleviate symptoms and restore function during opioid weaning. Additional care may be considered pending documented reduction in pain and associated functional benefit".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 2x6 low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also states 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." The patient already underwent an unknown number of acupuncture sessions without any specific objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x12), the request for additional acupuncture is not supported for medical necessity.