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| Case Number: | CM14-0159458 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 02/18/2013 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 57 y/o male patient with pain complains of the neck and right shoulder. Diagnoses included cervical radiculitis, chronic pain syndrome. Previous treatments included: oral medication, physical therapy, acupuncture x6 (gains not reported) 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 denied on 09-18-14 by the UR reviewer. The reviewer rationale was "prior acupuncture x6 was rendered without mention of their results".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional acupuncture treatments 2 times per week for 6 weeks for the cervical, thoracic and lumbar spine and the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the guidelines, the number of acupuncture sessions 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." Six prior acupuncture sessions were rendered without documentation of significant, objective functional improvement (quantifiable response to treatment) in order to support the medical necessity for additional acupuncture. Furthermore, the request is for acupuncture x12, number exceeding significantly the guidelines without any extraordinary circumstances documented. Consequently, the additional acupuncture x12 is not supported for medical necessity.