

Case Number:	CM14-0166225		
Date Assigned:	10/13/2014	Date of Injury:	08/12/2003
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 New York and Connecticut. 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:

According to the records made available for review, this is a 70 year old male patient experienced lower back pain as of 8/12/2003 resulting from "sitting/working all day". No further information is provided concerning the exact mechanism of injury. Patient had an unknown amount of acupuncture going back to Aug. 2012 with resulting improvement with daily activities, ability to walk further, sit and lie down longer. He was able to avoid surgery and avoid narcotics. As of 9/14/14, patient again complained of back pain and left sided numbness. He is on a home exercise program 1-2 times per week. Based on the PR-2s (progress reports) and records in this file, at the time of this request for authorization of acupuncture, x8 there is documentation of main subjective pain complaints on the above, with objective positive findings including tenderness at iliolumbar ligament, a decrease in range of motion by 10% and a decreased left foot sensation. He is currently taking oral medication again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 8 sessions.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture care is not medically necessary x8. In order to support the medical necessity for acupuncture, based on MTUS guidelines, an initial trial of acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. The request for 8 sessions is not supported by MTUS guidelines because absent is the exact amount of prior acupuncture completed, what the exact amount of functional improvement was, what the exact dates of prior acupuncture service, and whether patient's request exceeds guidelines of maximum duration of 14 sessions. Moreover, patient has already transitioned to a home exercise program, having already achieved the main goal of acupuncture. It is not clear from the clinical information submitted as to the treatment goals and the rehabilitative benefits of acupuncture at this point in time 11 years after his initial complaints.