

Case Number:	CM14-0169740		
Date Assigned:	10/20/2014	Date of Injury:	01/22/2008
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 62 year old female patient with pain complains of neck, left shoulder, left wrist, lower back and right knee. Diagnoses included left wrist and right knee tendonitis, left shoulder tendonitis, lumbar sprain. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions completed, gains described as "temporary pain reduction, more range of motion, able to stand and sit longer, able to more easily participate in work activities") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. A determination for medical necessity was made on 10-08-14 by the UR reviewer. The reviewer rationale was "prior acupuncture for the neck was completed without objective indication of functional benefit or pain relief, therefore additional acupuncture for the neck is not supported for medical necessity. In regards to the lower back, it does not appear that the patient has previously received acupuncture targeting the lumbar region, therefore an initial trial of six sessions would be supported by the guidelines".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Thoracic/Cervical Spine x 6 sessions: 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 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." Although prior acupuncture sessions rendered were reported as beneficial, no clear evidence of sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, function-activities of daily living baselines for comparison purposes etc) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the Additional Acupuncture x6 is not medically necessary.