

Case Number:	CM14-0213153		
Date Assigned:	12/30/2014	Date of Injury:	05/30/2008
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 female patient with pain complains of her neck and shoulder. Diagnoses included status post cervical fusion surgery, shoulder joint pain. Previous treatments included: surgery (cervical fusion), oral medication, physical therapy, acupuncture (x18 prior sessions, benefits described as "lowered pain levels, more functionality at work and less reliance on medication") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 11-17-14 by the PTP. The requested care was denied on 11-21-14 by the UR reviewer. The reviewer rationale was "is not apparent that the patients has attended rest of 3 acupuncture sessions and objective evidence of functional benefits obtained from it. It would be appropriate to note the response from remaining 3 acupuncture sessions before considering requested additional acupuncture to be medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture; Qty: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 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." After 18 prior acupuncture sessions (benefits described as "lowered pain levels, more functionality at work and less reliance on medication"), the patient continues symptomatic, taking oral medication and no evidence of any sustained, significant, functional improvement (functional improvement documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not supported for medical necessity.