

Case Number:	CM14-0214725		
Date Assigned:	01/07/2015	Date of Injury:	10/22/2011
Decision Date:	02/20/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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 31 y/o female patient with pain complains of her lower back. Diagnoses included lumbar radiculitis. Previous treatment included: oral medication, physical therapy, acupuncture (x24 prior sessions, gains reported as medication intake reduction and symptoms reduction) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the primary care physician. The requested care was denied on 12-05-14 by the UR reviewer. The reviewer rationale was "the documentation did not show any significant objective functional improvement between 9-2014 and 12-2014"...in addition the provider stated "the patient is functioning better in mobility and activities of daily living but the provider could not give quantitative data only a qualitative report"...there were not exceptional factors to significantly demonstrate the the necessity of the additional acupuncture requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture sessions to the lumbar spine: 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 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. Despite that 24 prior acupuncture sessions were rendered (reported as temporarily beneficial in reducing symptoms, medication usage and increased function), the patient continues symptomatic, presenting flare ups and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines (MTUS). Consequently, the additional acupuncture x6 is not supported for medical necessity.