

Case Number:	CM14-0215019		
Date Assigned:	01/07/2015	Date of Injury:	08/19/2010
Decision Date:	02/23/2015	UR Denial Date:	12/12/2014
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 70 y/o male patient with chronic pain complains of his neck, lower back and right knee. Diagnoses included lumbar spondylosis, lumbar radiculopathy. Previous treatments included: injections (epidurals), chiropractic-physical therapy, oral medication, acupuncture (unknown number of prior sessions, benefits described as "50% improvement"), physical therapy, and work modifications among others. As the patient continued symptomatic, a request for additional acupuncture x4 was made on 12-02-14 by the primary care physician. The requested care was denied on 12-12-14 by the UR reviewer. The reviewer rationale was prior acupuncture was rendered "without function improvement" documented. Therefore, additional acupuncture is not supported by the guidelines as 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; quantity 4: 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.” After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x4 is not supported for medical necessity.