

Case Number:	CM15-0129992		
Date Assigned:	07/16/2015	Date of Injury:	08/03/2001
Decision Date:	08/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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 63 year old female sustained an industrial injury to the back on 8/3/01. Previous treatment included four lumbar surgeries, physical therapy, acupuncture, aqua therapy, transcutaneous electrical nerve stimulator unit and medications. Documentation did not disclose the number of previous acupuncture sessions. The injured worker was currently participating in a functional restoration program. In a functional restoration program weekly report dated 5/29/15, noted that the injured worker was most recently treated with acupuncture. The injured worker stated that acupuncture provided only temporary relief. The plan of care consisted of strength training, physical therapy, optimizing medications and cognitive behavioral therapy. Current diagnoses included lumbago. On 6/2/15, a request for authorization was submitted for eight sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions 1-2 times a week for 4-8 weeks: 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 the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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. An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Therefore, the additional acupuncture is not supported for medical necessity.