

Case Number:	CM13-0020270		
Date Assigned:	12/18/2013	Date of Injury:	07/15/2008
Decision Date:	01/31/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 55 y/o female patient with complains of chronic left lower extremity pain rated at 4/10 (Diagnosis: CRPS). The patient underwent an unknown number of acupuncture sessions for pain management. As the patient continued symptomatic, additional acupuncture x6 was requested by on 07-02-13 and re-requested on 08-13-13. The request was non-certified (08-21-13) by the UR reviewer. The reviewer stated that "additional acupuncture was not supported for medical necessity based on the lack of documented functional gains obtained with the previous acupuncture care and lack of documentation indicating a re-injury or exacerbation to support continued care".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (left lower extremity) once a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent an unknown number of acupuncture sessions in the past to treat the lower extremity pain before the recent referral was made. Mandated 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." The review of records in this case did not show any evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture care which is essential to establish the reasonableness and necessity of additional acupuncture. There is no indication that the patient obtained any significant objective benefits (like decrease of pain (Visual Analog Scale), increased endurance, increased body mechanics and ability to perform ADL (activities of daily living), increased ability to perform job-related duties, reduction of pain medication, improved sleep or reduced pain behaviors), which supports the notion of the treatment been maintenance in nature. Therefore, the request for additional acupuncture x6 is not supported for medical necessity