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| Case Number: | CM13-0009562 | | |
| Date Assigned: | 09/11/2013 | Date of Injury: | 04/22/2004 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

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 Physical Medicine and Rehabilitation 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:

The patient is a 65-year-old male who reported a work related injury on 04/22/2004, specific mechanism of injury not stated. The patient subsequently is status post anterior cervical discectomy and fusion at C5-6 and C6-7 as of 08/2003, status post right shoulder arthroscopy and partial resection of glenoid as of 03/2004, status post right open carpal tunnel release and submuscular transposition right ulnar nerve as of 07/2001, and status post left L4-5 microdiscectomy as of 07/2010. The patient currently presents for treatment of the following diagnoses: cervical laminectomy, cervical sprain/strain, shoulder sprain/strain, carpal tunnel syndrome, right ulnar neuritis, chronic lumbar sprain/strain, and right epicondylitis. The clinical note dated 07/10/2013 reports the patient was seen for follow-up under the care of [REDACTED], chiropractor. The provider documented a request for 4 visits of acupuncture for the cervical spine as the patient has a fusion and the provider is unable to manipulate the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for four (4) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence objective findings of functional deficits, the patient's reports of subjective complaints, and whether or not previous utilization of acupuncture treatment for the patient's chronic pain complaints was effective, as evidenced by decrease in rate of pain on a VAS scale and increase in objective functionality. California MTUS indicates acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical interventions to hasten functional recovery. However, given all of the above, the Prospective Request for four (4) acupuncture sessions is not medically necessary or appropriate.