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| Case Number: | CM13-0014017 | | |
| Date Assigned: | 03/10/2014 | Date of Injury: | 05/19/2011 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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 54 year old female with an injury date on 05/19/11. Based on the 07/15/13 progress report provided by [REDACTED], the patient is diagnosed with myofascial neck pain and myalgia with underlying degenerative disc disease in the cervical spine, sacroiliac joint dysfunction, and postconcussive syndrome. Although none of the reports mention when the patient began her acupuncture, [REDACTED] does mention in the 02/18/14 progress report that the patient attended acupuncture once every three or four weeks and had "significant improvement with acupuncture." [REDACTED] requests for acupuncture once a week for 12 weeks. The utilization review determination being challenged is dated 07/26/13 and recommends denial of the acupuncture. [REDACTED] is the requesting provider, and he provided treatment report from 02/18/13- 07/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X PER WEEK FOR 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT ,.

Decision rationale: According to the 07/15/13 progress report provided by [REDACTED], the patient presents with myofascial neck pain and myalgia with underlying degenerative disc disease in the cervical spine, sacroiliac joint dysfunction, and postconcussive syndrome. The request is for acupuncture once a week for 12 weeks. Review of the reports shows that the patient has had previous acupuncture sessions; however, there is no indication of how many sessions the patient attended or the time frame of which these acupuncture sessions took place. The request was denied by utilization review letter dated 07/26/13. The rationale was that "there was no measurable functional and objective goal that was measurably deficient and in need of improvement and no recent documented objective findings to support the functional improvement necessary for an extension of acupuncture treatment." MTUS acupuncture guidelines recommend initial trial of 3-6 sessions of acupuncture. The current request for 12 total sessions exceeds initial trial of 3-6 trials recommended by MTUS. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. There is lack of documentation in improvement in activities of daily living, no measureable outcomes, no reduction in pain medication, or reduction of medical treatments. Recommendation is for denial.