

Case Number:	CM13-0018472		
Date Assigned:	11/06/2013	Date of Injury:	11/08/2012
Decision Date:	01/17/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/29/2013

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 62-year-old male who reported an injury on 11/18/2012 when he is reported to have slipped on a wet floor. He is reported to complain of persistent headaches, neck pain, low back pain, and left elbow pain. A clinical note dated 08/01/2013 reported the patient complained of 9/10 pain in the cervical, thoracic and lumbar spine, bilateral shoulder, bilateral knees, left foot, bilateral ankles, and left groin. He reported to complain of low back pain which was constant with pins and needles and tingling to the bilateral lower extremities, left greater than right. He complained of ankle pain which was unchanged. He reported that shoulder pain was constant to intermittent of the right shoulder. He is noted to have treated with 6 sessions of acupuncture and request was submitted for an additional 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture times 8 to the head, neck, back, and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation California MTUS Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is 62-year-old male who reported an injury to multiple body parts when he is reported to have slipped and fallen on 11/18/2012. He is noted to have completed 8 sessions of acupuncture as of 08/01/2013 and is reported to continue to complain of 9/10 pain to the cervical, lumbar spine, bilateral shoulders, bilateral knees, bilateral feet and ankles, left greater than right, left groin. He is noted to have completed 6 sessions of acupuncture and the doctor reports his physical exam was unchanged. The California MTUS Guidelines recommend a trial of acupuncture and notes that acupuncture treatments may be extended if functional improvement is documented. The clinical note dated 08/01/2013 noted the patient had completed 8 sessions of physical therapy. His physical exam is reported to be unchanged and his pain was reported to continue to be 9/10. Given the lack of documentation of functional improvement and decrease in work restrictions or decrease in dependence on medical treatment, the request for additional acupuncture does not meet guideline recommendations. Based on the above, the request for additional acupuncture times 8 to the head, neck, back, and left elbow is non-certified.