

Case Number:	CM13-0019600		
Date Assigned:	11/27/2013	Date of Injury:	05/17/2013
Decision Date:	01/16/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

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 licensed in Chiropractic, has a subspecialty 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.

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 52 year old female with a date of injury of 5/17/2013. The doctor's first report dated 7/23/2013 stated that the patient presented with anxiousness, neck pain, chest pain, low back pain, numbness and tingling in the buttocks and left hand pain. Significant objective findings include reduce range of motion, muscle spasms, positive cervical depression test, tenderness over bilateral joints, trigger points in bilateral gluteus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. Acupuncture may be extended if there is documentation of functional improvement. There was no evidence of that the patient had prior acupuncture care. A trial of acupuncture may be necessary at this time. However, the provider's request for acupuncture twice a week for 4 weeks exceeds the guidelines recommended number of visits for acupuncture trial. Therefore, the provider's request for 8 acupuncture sessions is not medically necessary without documentation of functional improvement.

