

Case Number:	CM13-0024793		
Date Assigned:	11/20/2013	Date of Injury:	11/11/2003
Decision Date:	01/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/14/2013

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 41-year-old individual who sustained an injury on 11/11/03. Mechanism of injury was not documented. Progress Report dated 8/7/13 by [REDACTED] documented that the patient had difficulty getting the medications. Medications included Lunesta, Norco (the rest of the notes were illegible to read). Examination was not legible in the note. Patient was diagnosed with fibromyalgia plus irritable bowel syndrome (IBS), tension headache, and insomnia secondary to pain plus cervical spine radiculopathy. Treatment plan involved Tizanidine, Lunesta, Fluoxetine, Norco 10/325 mg and Xanax. Metformin 1000mg and Cozaar 100 mg were also requested. Patient was recommended to for 2x4 or total of 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x wk x 4 wks; [REDACTED] RFA 08/07/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Even though acupuncture is appropriate for the patient's condition of neck pain, fibromyalgia, and irritable bowel syndrome, the request for 8 acupuncture sessions exceeds

the guideline recommendation of maximum 6 initial visits with additional visits be conditional on documented functional improvement.