

Case Number:	CM13-0031082		
Date Assigned:	12/04/2013	Date of Injury:	04/30/2013
Decision Date:	04/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/02/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 35-year-old female who reported an injury on 04/30/2013. The patient was reportedly injured while pulling a pallet jack. The patient is diagnosed with posttraumatic headaches, cervical/thoracic/lumbar myoligamentous strain, and possible cervical discopathy. A Request for Authorization was submitted on 08/28/2013 by [REDACTED]. However, there was no physician progress report submitted on that date. The patient was previously seen by [REDACTED] on 06/05/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation of the lumbar spine with muscle spasm, slightly decreased range of motion, intact sensation, 2+ deep tendon reflexes, and intact strength. Treatment recommendations included acupuncture treatment twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE, 2 TIMES PER WEEK FOR 3 WEEKS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. As per the documentation submitted, the patient has completed six acupuncture treatments to date; however, there is no documentation of objective functional improvement. Additional acupuncture was requested by [REDACTED]; however there was no physician progress report submitted on the requesting date. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. As such, the request is non-certified.