

Case Number:	CM13-0042599		
Date Assigned:	07/02/2014	Date of Injury:	12/21/2012
Decision Date:	10/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/20/2013

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for post-traumatic headaches, closed head injury and neck injuries that occurred on 12/21/12. Mechanism of injury is a syncope episode. Currently the patient complains of moderate neck pain. The treating physician requested twelve sessions of acupuncture to treat her pain and dizziness, and to reduce some of her symptoms. The applicant is "off-work" status to date. The applicant's current diagnoses consist of cervicgia and lumbago. Her treatment to date includes, but is not limited to, acupuncture, physical therapy, MRI's, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 10/4/13, the UR determination did not approve the twelve sessions of acupuncture based upon a lack of subjective and objective goals and response to the prior unspecified number of acupuncture treatments indicating "functional improvement" of the applicant, as defined by MTUS. Therefore, the advisor recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL VISITS OF ACUPUNCTURE FOR THE NECK AND BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial and subsequent round of acupuncture care of at least 12-15 visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant has been "off-work" and her work status did not change due to this course of treatment. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.