MAXIMUS Federal Services

Case Number:	CM13-0044234		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2007
Decision Date:	02/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 and 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 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 reported to be a 46 year old male employee who sustained an industrial injury on 12/07/2007 while an employee of [redacted]. No mechanism of injury was identified. The patient began medical management with [redacted] on 8/27/2010. He was declared permanent and stationary by this same physician on 1/3/2013 with residual subjective factors of intermittent moderate neck pain radiating the bilateral shoulders, constant headaches and ringing of the ears with forgetfulness. The UR determination of 10/23/13 found no clinical indication to support the request for Acupuncture 8 sessions reporting that the provider failed to indicate a basis for alternative care for the injury in question reported as six years chronic. The referenced CA MTUS Acupuncture Guidelines recommend an initial trial of Acupuncture care 3-6 sessions with evidence of functional improvement prior to submission of additional care. The request exceeded referenced Guidelines with the request for 2x4 or 8 total Acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the 10/1/13 PR-2 from [redacted] where 6 Acupuncture sessions were requested, no clinical evidence of functional deficits necessitating initiation of Acupuncture was documented. Pain in the neck and shoulders remains consistent with reported levels in the permanent and stationary report of 01/03/13. The reviewed medical reports requesting Acupuncture care 2x4 did not document the medical necessity for care as requested and exceeded referenced CA MTUS Treatment Guidelines were an initial trial of care is 3-6 visits. The UR determination to deny requested Acupuncture care was reasonable and supported by CA MTUS Acupuncture Treatment Guidelines as submitted. Referenced Guidelines. Therefore, Decision for Eight Acupuncture Visits is not medically necessary and appropriate.