

Case Number:	CM13-0051926		
Date Assigned:	12/27/2013	Date of Injury:	04/26/1999
Decision Date:	03/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 04/26/1999, due to a motor vehicle accident that reportedly caused injury to his neck. Previous treatments have included epidural steroid injections, medications, acupuncture, and massage therapy. The patient's most recent clinical evaluation indicated that the patient had continued neck pain radiating into the bilateral shoulders rated at 3/10 to 5/10. The patient's treatment plan included chiropractic treatment, acupuncture, and massage therapy in combination with medication usage and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 12 acupuncture sessions are not medically necessary or appropriate. The clinical documentation submitted does provide evidence that the patient has previously received acupuncture sessions. California Medical Treatment Utilization Schedule recommends this treatment modality for patients who are participating in an active therapy program, or when there is the need to reduce medication usage. The clinical documentation

submitted for review does not provide any evidence that the patient is currently participating in an active therapy program that would benefit from an adjunct therapy such as acupuncture. Additionally, previous acupuncture treatments are not supported by documentation of functional benefit and medication reduction. Therefore, continuation of this treatment modality would not be indicated. As such, the requested 12 acupuncture sessions are not medically necessary or appropriate.