

Case Number:	CM13-0058260		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2012
Decision Date:	06/25/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/26/2013

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 Acupuncture 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 male employee who has filed a claim for an injury to his head, right eye, neck, right shoulder and elbow and lumbar spine. This incident occurred on 8/29/12 where he was involved in a motor vehicle while on the job. The primary treating physician progress report dated 8/8/13 documented the current complaints as right eye pain associated with seeing difficulty, constant headaches, gradually worsening, associated with memory loss, neck, lumbar spine and right shoulder and right elbow pain. Progress note on 9/20/13 states the applicant's current complaints as constant headaches and neck pain and the physician requests acupuncture twice per week for six weeks, for an urgent neurological consult and MRI's of the right hip, elbow and brain. Since the incident, the applicant's treatments consisted of the following: chiropractic and orthopedic care, MRI of the Brain, electro-diagnostic nerve conduction studies and oral, topical pain and anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Further acupuncture, beyond this initial trial will be considered based on functional improvement, as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to medication, recent involvement in physical rehabilitation program and the prolonged Total Temporary Disabled work status is evident of a lack of a treatment program focused on functional recovery. Furthermore, there is no evidence that this claimant received acupuncture previously. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial that is less than twelve visits, the original request of twelve sessions of acupuncture is not medically necessary.