

Case Number:	CM13-0060635		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2013
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 a 29-year-old male who was injured on 02/28/2013. He reported he slipped backwards on the floor while cleaning and hit his head. He reported he was unconscious for a second and then began yelling for help. Immediately afterwards, he said he had a headache, blurry vision, and nausea. Two days later, he stated he began experiencing neck and arm pain. Prior treatment history has included 22 sessions of acupuncture therapy, psychotherapy and medications including Omeprazole, Cyclobenzaprine, Elavil, and Keloprofen. PR2 dated 11/13/2013 indicated the patient had complaints of neck pain to upper extremity, left greater than right with numbness, grip issues and sensitivity. He reported medications help with pain and improve ADL's. The acupuncture was very helpful for managing his pain as well. Objective findings on exam revealed tenderness to palpation. His reflexes were abnormal. He had decreased range of motion of the upper extremity. He had tenderness to palpation of the cervical paraspinal muscles with hypertonicity. He was tender to palpation over the lateral left elbow. The patient was diagnosed with post concussion syndrome, cervical DDD, headache, left epicondylitis, chronic myofascial pain and poor coping with chronic pain and injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF ACUPUNCTURE TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Treatment guidelines, "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 guidelines indicate, "Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." In this case, this patient was at least treated with 22 sessions of acupuncture treatment. However, he still reports constant neck pain and headaches with some subjective improvement with prior acupuncture treatment. The progress reports submitted showed no objective evidence of functional treatment with prior treatment. There is no documentation of pain relief or increased functional activities instead the patient continued to remain off work. The request for additional 12 sessions of acupuncture treatment is not medically necessary and appropriate.