

Case Number:	CM13-0060745		
Date Assigned:	01/03/2014	Date of Injury:	03/21/2013
Decision Date:	06/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery and is licensed to practice in Alabama. 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 52 year old female whose date of injury is 03/21/13. Doctor's first report of occupational injury or illness dated 08/02/13 indicates that the patient reports chronic work related stress and anxiety secondary to hostile work environment, racial discrimination and retaliation. Progress report dated 10/03/13 indicates that she reports continuing anxiety, depression and nightmares due to stress created by her job. She reports that her symptoms have decreased somewhat since she stopped working, but she continues to feel angry and upset about how she is treated by her supervisors. Beck scales reportedly reveal moderate to moderately high levels of depression and anxiety. The patient was recommended for a course of acupuncture to assist in her healing process. Diagnoses are adjustment disorder, anxiety disorder and depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 2 x week for 8 weeks is not recommended as medically necessary. The request exceeds CA MTUS guideline recommendations. There are no specific, time-limited treatment goals provided. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. The request is not medically necessary or appropriate.