

Case Number:	CM13-0065256		
Date Assigned:	04/02/2014	Date of Injury:	08/03/2012
Decision Date:	07/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine 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:

This is a 34 year old female who has reported head, neck, and back and extremity pain after an injury on August 3, 2012. She has been diagnosed with cervical sprain/strain, disc protrusions, radiculopathy, thoracic sprain/strain, and tension headaches. Treatment has included chiropractic, physical therapy, acupuncture, TENS, and medications. The 8/27/13 acupuncture report refers to multifocal pain, acupuncture treatment in progress, and intended completion of the 8 visits. Per the treating physician report of 10/28/13, symptoms were slowly improving and acupuncture has helped. The treatment plan included "temporarily totally disabled" work status and additional acupuncture. There was no discussion of specific functional improvement. On 11/13/13, Utilization Review non-certified additional acupuncture, noting the lack of sufficient functional improvement as per the MTUS recommendations. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO THE THORACIC SPINE, 2 TIMES A WEEK FOR 4 WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker remains on "temporarily totally disabled" status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.