

Case Number:	CM13-0069585		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2001
Decision Date:	06/05/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 Acupuncture, has a subspecialty in Addiction Detoxification 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 patient is a represented male, employed by [REDACTED] who has filed a claim for injuries to his neck, bilateral shoulders and lumbar spine. Injuries occurred on 8/04/2001 when he assisted another employee lift a 100-180 pound sheet of aluminum. He felt immediate pain in the neck, bilateral shoulders and lower back. He reported it and went the same day to the industrial clinic and had X-rays done. Since this incident, the patient has had multiple MRI's conducted of the cervical spine, bilateral shoulder and lumbar region and had various conservative means of treatment including, but not limited to, acupuncture, chiropractic care, physical therapy, epidural steroid injections, anti-inflammatory and pain medication. Patient received ongoing acupuncture treatments twice per week since 2004 and states it gives him relief. Before 11/26/13, date of the utilization review determination, the patient had received acupuncture as a course of treatment without documented results regarding functional improvement. The claims administrator of this report did not find it reasonable for the patient to receive additional acupuncture therapy and did not certify such noting these visits exceed California guidelines, and the patient has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the patient has had prior acupuncture care for over ten years, without documented real benefit, besides pain relief or evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.