

Case Number:	CM14-0003258		
Date Assigned:	01/31/2014	Date of Injury:	09/04/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 applicant is a male employee of [REDACTED], working as a forklift driver who has filed a claim for an industrial injury to his, neck, face, head, mouth, and shoulders. The mechanism of injury is that his forklift crashed into steel poles, the jolt causing him to hit his head, knock some teeth out, and cause neck and shoulder pain. Since this incident on 9/4/12, the applicant underwent care with an orthopedist, chiropractor, neurologist, dentist, plastic surgeon, and possibly a treatment from an acupuncturist. Throughout the years, MRI's and X-rays were obtained, topical and oral anti-inflammatory applied as well as muscle relaxants and pain medication. Additionally, electrodiagnostic studies conducted as well as a psychological evaluation performed. As mentioned above, he possibly had previous acupuncture treatment, however the documentation provided does not demonstrate functional improvement objectively. Before 12/17/13, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy since it was difficult to confirm if the applicant had the prior approved acupuncture treatment or these requested visits are an initial course of therapy. Therefore, if the claimant has had treatment, the claims administrator did not certify such treatments noting the applicant 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:

ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, MTUS, 8, 9

Decision rationale: Unfortunately, it is not evident if the applicant has had prior acupuncture care or not, which was approved back in July 2013. As noted in the MTUS Guidelines, acupuncture treatments may be extended if functional improvement as defined in the guidelines exists and is documented. Therefore, additional acupuncture therapy is not medically necessary. Additionally, if the applicant never received the previously approved acupuncture, then based on MTUS Guidelines, this request for 8 visits exceeds the frequency allowed for an initial course of treatment. The request is not medically necessary and appropriate.