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| Case Number: | CM14-0010646 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 10/17/2012 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 patient has filed a claim for a traumatic industrial injury when he fell thirty feet off a building sustained a traumatic brain injury, pelvic and left distal humerus fracture. The patient presents with lumbar and pelvis pain. Immediately, following the incident back on 10/17/12, he had multiple body part surgery, MRI's (magnetic resonance imaging) and X-rays obtained, modified activity to a wheelchair for twelve weeks, received physical therapy, acupuncture care, chiropractic care, neuro-psych evaluations, and pain and anti-inflammatory medications administered. At the date of the determination, 12/27/13, the claim administrator modified the original request from twelve acupuncture visits to six visits stating the original request exceeds the MTUS guidelines recommendations for an initial course of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3X4, LUMBAR, PELVIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the submitted record, conservative modalities have not had great results of functional improvement or benefit to the patient's condition, but the prior

acupuncture care helped him, so a modified course from twelve acupuncture sessions to six is certified for lumbar and arm pain. The request for twelve exceeds the MTUS guidelines recommendations for an initial course of acupuncture to establish functional improvement for the applicant. Therefore, the request is not certified.