

Case Number:	CM14-0010910		
Date Assigned:	02/21/2014	Date of Injury:	03/19/2008
Decision Date:	06/30/2014	UR Denial Date:	01/18/2014
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 Chiropractic 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:

The injured worker is a 50 year old female with a date of injury of 3/19/2008. According to the Agreed Medical Evaluation (AME) report dated 7/16/13, the patient has diagnoses of spondylosis and herniated nucleus pulposus at C5-C6, right upper extremity radiculopathy, right thoracic outlet syndrome with cervical rib, thoracic sprain/strain, 2mm disc hernia L5-S1, left knee sprain/strain with internal derangement and headaches. According to the acupuncture treatment notes, the patient related that treatment helps decrease pain on some treatment dates but did not allow fewer oral meds or change pain level or function. The provider has submitted an appeal to a previous denial of six prospective acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE: 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: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines indicate that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, also stated is that Acupuncture treatments may be extended if functional improvement is documented. The patient had fourteen sessions of acupuncture and has shown no clear evidence of functional improvement or decrease in the need for oral pain medicine as defined by the guidelines. The request for 6 Sessions of Acupuncture is not medically necessary and appropriate.