

Case Number:	CM14-0011001		
Date Assigned:	02/21/2014	Date of Injury:	04/09/2009
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
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 licensed 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, employed by [REDACTED] who has filed a claim for an industrial injury to his neck, lumbar spine, left shoulder, and bilateral wrists. Applicant is post-operative status from left shoulder surgery in 2010 and carpal tunnel release surgery. The mechanism of injury not provided. Since this incident on 4/09/09, the applicant had surgery, multiple MRI's, x-rays, and CAT scan of the cervical spine, back, and left shoulder. He has had multiple epidural steroid injections resulting in some relief to his cervical spine. He currently utilizes pain, anti-inflammatory and muscle relaxant medications including oral and compounded topical. He has had twenty-four acupuncture treatments, multiple physical therapy, had EMG/NCV electrodiagnostic studies, and home tens unit applied. As of 4/13/14, date of the utilization review determination, the claims administrator denied acupuncture treatment stating acupuncture based on California MTUS guidelines warrants treatment if the patient does not tolerate medication, or in conjunction with physical rehabilitation program and/or to hasten recovery from surgery. There is no documentation stating the applicant at the time of the request does not tolerate medication and/or involved in rehabilitation mode of care. Therefore, according to the California MTUS guidelines and due to the lack of clinical information, the claims administrator denies this request for eight sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE, EIGHT VISITS, FOR THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant is tolerant to medication and not seeking to reduce medication and it is not clinically evident at the time of the request he is involved or seeking to be involved in a rehabilitation program. Therefore, according to the California MTUS guidelines 9792.24.1.1 acupuncture is not medically necessary for this applicant.