

Case Number:	CM14-0018436		
Date Assigned:	04/18/2014	Date of Injury:	02/26/2012
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal Medicine, 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 represented female, employed by [REDACTED] who has filed a claim for a "slip and fall" industrial injury causing injury to the right side of her body, neck, lower back and upper and lower extremities. Her diagnoses are cervical strain, cervical radiculopathy, lumbosacral strain, right ankle sprain, and right shoulder sprain. She suffers with pain in all the aforementioned areas with stiffness. Since this incident, the applicant has received X-rays of the cervical and lumbar spine with no significant findings. Conservative treatments consist of examination by orthopedic surgeon multiple times, a behavior assessment conducted to aide in coping with pain, activity modifications, pain and anti-inflammatory medications, and prior acupuncture treatments. Physical exam reveals lumbar flexion 60 degrees, extension and bilateral lateral bending 25 degrees. Right ankle with slight tenderness over the dorsalateral aspect of the ankle with mild swelling. The right shoulder has minimal tenderness and the right elbow is tender. There is decreased sensation in the middle finger of the right hand. The treating provider has requested acupuncture 18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QTY: 18.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS), acupuncture is used as an option when pain medication is reduced or not tolerated and is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The usual frequency of treatments is 1 to 3 times per week; 3 to 6 treatments with an optimum duration of 1 to 2 months. Treatments may be extended if functional improvement is documented. The documentation indicates the claimant had previous acupuncture treatments without documented functional improvement. The request for 18 sessions exceeds the recommendation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.