MAXIMUS Federal Services

Case Number:	CM14-0018610		
Date Assigned:	06/11/2014	Date of Injury:	10/22/2013
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
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 Occupational and Preventative 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:

According to an orthopedic report dated 12/23/13, the patient is a 51 year old male with a date of injury 1/10/13. The injured worker was cutting a tree branch that fell and struck him in the face, causing a laceration to his right eyebrow requiring nine stitches. The patient states that he lost consciousness and was taken to the company clinic. The patient's complaints of injury were headaches, neck pain and blurred vision. In addition to the accident the patient also related a cumulative trauma injury and experiences low back pain and has a right testicular hernia from frequent heavy lifting. Cumulative trauma dates were from 10/22/12-12/22/13. The patient had an MRI of the cervical and lumbar spine on 12/26/13 which revealed a 1.5mm disc osteophyte complex at C5-C6 with moderate bilateral foraminal narrowing, 1.5mm disc osteophyte complex at C6-C7 with bilateral moderate to severe foraminal narrowing. The lumbar spine revealed an annular tear at L4-L5, L5-S1, moderate foraminal narrowing at L4-L5 with a 4mm disc bulge, L3-L4 nonspecific disc bulge, bilateral foraminal narrowing at L5-S1 and bilateral facet hypertrophy. Acupuncture treatment note dated 1/16/14 states that the patient complains of neck pain and low back pain with objective findings of tongue: proper in size, soft, free in motion, red with thin white coating and neither dry nor moist. No documentation of objective improvements were noted on this neither date nor note dated 12/10/13. The provider has requested 2x4 additional treatments of acupuncture which were previously denied and has submitted request for redetermination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 8 SESSIONS (CERVICAL/LUMBAR SPINE) 2 X WEEKLY FOR 4 WEEKS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 2 times 4 additional acupuncture sessions is not medically necessary. According to the acupuncture treatment notes provided, there are no documented objective improvments in activities of daily living or functional improvments to substantiate medical necessity for additional treatments. Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). Therefore, based on the notes provided, the request is not medically necessary.