

Case Number:	CM14-0019801		
Date Assigned:	04/28/2014	Date of Injury:	01/09/2013
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 applicant is a represented male, employed by [REDACTED] as a bus driver who has filed a claim for an industrial injury to his cervical spine and lumbar spine. Later, the applicant is diagnosed with cervical and lumbar sprain/strain. The mechanism of injury was not provided. Since this incident in 1/9/11, the applicant underwent care with an orthopedist, chiropractor, physical therapist, and treatment from an acupuncturist. Throughout the years, multiple MRIs obtained positive for bulging discs and degeneration, x-rays obtained, and epidural steroid injections had been administered. As mentioned just above, he had previous acupuncture treatments without demonstrating functional improvement, and in actuality increased his pain. He is taking pain and anti-inflammatory medications as well. Before 2/4/14, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL ACUPUNCTURE SESSIONS (2 X 4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the applicant has had prior acupuncture care without any real benefit or evidence of functional improvement. As noted in the MTUS, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.