

Case Number:	CM14-0115978		
Date Assigned:	08/04/2014	Date of Injury:	01/19/2014
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain 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 53-year-old female who sustained an industrial injury on January 19, 2014. The covered body regions as part of this industrial claim include the head, neck, and chest. The patient's industrial diagnoses include neck pain, cervical spine strain. The disputed issue is a request for additional acupuncture for 8 sessions. The patient thus far has completed 4 sessions of acupuncture with good relief on the patient's neck, upper back, and shoulders. The patient is able to do some light housework without suffering pain. A utilization review determination on July 10, 2014 had modified the request for 8 sessions to 4 sessions, citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture guidelines of the California Medical Treatment and Utilization Schedule specifically state that the time to produce functional improvement is from 3 to 6 visits. The request of 8 visits is outside of guidelines. Since the independent medical review process cannot modify any request, the request as stated is not medically necessary.