

Case Number:	CM14-0139376		
Date Assigned:	09/05/2014	Date of Injury:	05/18/2012
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old female was reportedly injured on 5/18/2012. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 8/19/2014, indicates that there were ongoing complaints of neck pain, back pain, and headaches. No physical examination was performed on the status service. However, on 7/23/2014, the physical examination revealed cervical spine: positive tenderness to palpation over the cervical paraspinal muscles and limited range of motion in the neck. Positive tenderness to palpation over the bilateral trapezius and positive tenderness to palpation of the lower lumbar paraspinal muscles. No recent diagnostic studies were available for review. Previous treatment includes medications and conservative treatment. A request had been made for acupuncture for 6 visits for the lumbar, thoracic, and cervical spine and was not certified in the pre-authorization process on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits over one month for the lumbar, thoracic and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not medically necessary.