

Case Number:	CM14-0140894		
Date Assigned:	09/10/2014	Date of Injury:	10/28/2009
Decision Date:	11/18/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, 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 61-year-old female who reported an injury on 08/29/2009. She reportedly stepped into a hole on a concrete surface with her left foot and fell backwards. On 05/01/2014, the injured worker presented with neck and back pain. On examination of the neck, there was tenderness to palpation over the cervical region and no evidence of cervical paravertebral muscle spasms noted. The injured worker's back was non-tender to palpation and there was no evidence of paravertebral muscle spasm noted. The diagnoses were cerebral concussion, contusion of the occipital scalp, cervical sprain/strain, bifrontal headache compatible with muscle contraction headache secondary to cervical sprain/strain, tear of the lateral meniscus of the left knee and full thickness tear of the tibialis posterior tendon, and sprain of the deltoid ligament of the left ankle. The provider recommended acupuncture 3 times a week for 4 weeks for the neck and back; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 to neck and back: 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: The request for acupuncture 3 times a week for 4 weeks for the neck and back is not medically necessary. The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed for 3 to 6 treatments up to 1 to 3 times a week for an optimum duration of 1 to 2 months. The provider's request for acupuncture therapy 3 times a week for 4 weeks exceeds the guideline recommendations. The documentation that the injured worker is intolerant of medication or is using acupuncture as an option to reduce pain medication. As such, medical necessity has not been established.