

Case Number:	CM14-0168835		
Date Assigned:	10/17/2014	Date of Injury:	04/01/2007
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Chiropractic and Acupuncture, 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 64 year old male who reported generalized pain from injury sustained on 04/01/07 due to cumulative trauma of working as an assistant director. There were no diagnostic imaging reports. Patient is diagnosed with fibromyalgia. Per medical notes dated 05/31/13, patient complains of fibromyalgia syndrome, he continues to note widespread pain, non-restorative sleep and chronic fatigue. He continues to note headaches and disturbance in mood. He notes that he feels worse in term of pain and fatigue when exposed to heat, cold and damp. Per medical notes dated 07/28/14, dealing with the fibromyalgia symptoms had reached a level that was significantly impacting his ability to function normally. Per utilization review, medical notes dated 07/01/14 revealed generalized pain rated t 7-8/10 and sleep disorder. Patient has not had prior Acupuncture treatment. Provider requested 6-16 sessions of acupuncture treatments for fibromyalgia which was modified to 4 treatments by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6-16 Sessions (1-2 Times A Week for 6-8 Weeks) for Dx/o Fibromyalgia:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider requested 6-16 sessions of acupuncture treatments for fibromyalgia which was modified to 4 treatments by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 6-16 Acupuncture visits are not medically necessary.