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| Case Number: | CM14-0020422 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 06/12/2009 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 female, employed as a Dental Assistant by [REDACTED] who has filed a claim for an industrial injury to her cervical spine, right shoulder and lower back. Symptoms included pain with bilateral upper and lower extremity radiculopathy; numbness and tingling. Applicant was diagnosed with right shoulder rotator cuff tear, lumbar sprain/strain with herniated discs and degeneration and radiculopathy to lower extremities and sacroiliitis of bilateral sacroiliac joint. The mechanism of injury is not provided. Since this incident on 6/12/09, the applicant had epidural steroid injections with good results, pain management including oral and compounded topical medications. No other clinical documentation provided for chiropractic, physical therapy, or prior acupuncture treatments. It is unclear if the applicant has received such treatments. As of 1/21/14, date of the utilization review determination, it is unknown if the applicant has had any active therapies, i.e. physical rehabilitation, education in exercise program, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4 WEEKS, CERVICAL/LUMBAR/RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently, it is unknown if the applicant has had active therapies, i.e. physical rehabilitation, education in exercise program, etc. to help with her condition throughout the years and according to the MTUS Guidelines, acupuncture is used as an adjunct to active modalities such as physical rehabilitation. Additionally, even if acupuncture was medically necessary as an initial short course of therapy, these requested eight visits exceed the MTUS Guidelines recommended frequency. Therefore, acupuncture for this applicant is not medically necessary.