

Case Number:	CM14-0021147		
Date Assigned:	05/07/2014	Date of Injury:	09/14/2011
Decision Date:	07/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/20/2014

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 Neurosurgery, and is licensed to practice in Texas, New Mexico, Maryland, New York, California, Colorado, Georgia, Louisiana, Minnesota, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Virginia, Nevada, Illinois, and Kentucky. 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 46 year old male whose date of injury is 9/14/11. The mechanism of injury was falling through a skylight. Assessment notes traumatic brain injury and frontal lobe syndrome. A chart note dated 12/3/13 indicates that the injured worker presents for follow-up of traumatic brain injury with secondary epilepsy. Work is going well. He suffers from headaches, organic brain syndrome, depression, persistent cerebrospinal fluid leak, TMJ pain, and radicular low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has undergone prior acupuncture sessions; however, there are no objective measures of improvement documented to establish efficacy of treatment. The California MTUS guidelines note that the optimum duration of treatment is 1-2 months and

there is no clear rationale provided to support exceeding this recommendation. There are no specific, time-limited treatment goals provided. As such, the request is not medically necessary.