

Case Number:	CM14-0021293		
Date Assigned:	06/11/2014	Date of Injury:	05/04/2009
Decision Date:	07/14/2014	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 Occupational and Preventative Medicine 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 patient is a 59-year-old female with a date of injury 5/4/09. The injured worker was involved in a slip and fall accident injuring her left knee, left wrist, head and neck. The patient's diagnoses are occipital neuralgia, cervical myofascial pain, cervical dystonia cervical degenerative disc disease, post-concussion syndrome and headaches. The provider states that the patient has had excellent response to physical therapy, acupuncture and chiropractic. A progress report dated 6/6/14 stated a PHQ-9 score of 7/30 and minimal depressive symptoms, cervical spine active range of motion; left rotation 60% of normal, right rotation 50% of normal, forward flexion normal, extension 80% with pain at end ranges, pain and tenderness over upper trapezius muscles, positive Tinel's on the left wrist, moderately tender over the left carpometacarpal (CMC) joint and minimally over the first metacarpophalangeal (MCP) and 3+/5 left thumb extensor pain limited. A request for an appeal of non-certified 6 acupuncture sessions over 6 months has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT-ACUPUNCTURE 6 VISITS OVER 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: A request was submitted for redetermination of previously denied extension of six visits of acupuncture over 6 months. The patient has had at least 33 visits of acupuncture, which have provided pain relief. However, there are no comparative objective exams demonstrating functional improvement that establish medical necessity for additional acupuncture sessions. The frequency and duration of the treatment recommendations are not within acupuncture medical treatment guidelines and are more maintenance in nature. Acupuncture Medical Treatment Guidelines state that optimum duration is 1-2 months and treatments may be extended if functional improvement is documented. Therefore, the request for six additional visits of acupuncture over six months remains not medically necessary at this time.