

Case Number:	CM14-0022208		
Date Assigned:	05/09/2014	Date of Injury:	08/01/2008
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old male was reportedly injured on August 1, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 28, 2014, indicated that there were ongoing complaints of upper back pain, neck pain, wrist pain, ankle pain, and knee pain. The physical examination demonstrated tenderness along the lumbar spine. Diagnostic studies; electromyography(EMG)/ nerve conduction study (NCS) were normal. Previous treatment included physical therapy and acupuncture. A request had been made for 12 sessions of acupuncture with a re-evaluation every four weeks for 12 sessions, and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QTY:12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: According to the attached medical record, the injured employee has previously received acupuncture treatment, and there was no documentation of any efficacy from this. In order to justify an additional 12 visits of acupuncture, some previous efficacy must have been achieved. For this reason, the request is not medically necessary.

RE-EVALUATION EVERY 4 WEEKS OR 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.