

Case Number:	CM14-0026266		
Date Assigned:	06/13/2014	Date of Injury:	05/08/2013
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old female injured on 05/08/13 as a result of a fall from a ramp resulting in striking her head and face against the ground. Current diagnoses included cervical spine/thoracic spine/lumbar spine sprain/strain. Clinical note dated 02/03/14 indicated the injured worker presented complaining of right sided headaches and facial pain/numbness. The injured worker also complained of constant tinnitus, bilateral neck pain, right shoulder pain, and low back pain. The injured worker reported left knee pain and jaw pain with chewing. Objective findings revealed right shoulder range of motion limited in flexion/extension, positive impingement sign, cervical spine compression positive, straight leg raise negative, deep tendon reflexes appropriate, sensation and motor strength intact to bilateral upper extremities and lower extremities, positive patellar grind and McMurray test to the left knee. Treatment plan included request for MRI of the cervical spine, follow up appointment with neurologist, and eight sessions of acupuncture. The request for eight sessions of acupuncture was initially non-certified by the Claims Administrator on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (EIGHT SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. The guidelines indicate the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The current guidelines recommend an initial trial period of 3-4 sessions over two weeks with evidence of objective functional improvement prior to approval of additional visits. In this case, 8 sessions of acupuncture were requested exceeding the guideline recommendation. Therefore, the requested 8 sessions of acupuncture are not medically necessary or appropriate.