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| Case Number: | CM14-0027193 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 07/13/2012 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

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 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 injured employee is a 50 year old female whose date of injury is 07/13/2012. The mechanism of injury is described as desk work. Treatment to date includes 12 sessions of acupuncture and a course of physical therapy. Progress report dated 02/10/14 indicates that the injured employee complains of increased pain in the right scapular and parathoracic areas over the last few weeks. The injured employee reports good relief with acupuncture completed in the past. The injured employee continues to work full duty. Diagnoses are pain in the thoracic spine, cervicgia, sprain/strain of neck and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT-ACUPUNCTURE X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture x 6 is not recommended as medically necessary. The submitted records indicate that the injured employee has completed 12 sessions of acupuncture to date. California Medical Treatment Utilization Schedule (CAMTUS) 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 objective measures of improvement provided to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.