

Case Number:	CM14-0028104		
Date Assigned:	06/13/2014	Date of Injury:	12/12/2013
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 52-year-old male injured on December 12, 2013. The mechanism of injury was noted as a cumulative impact type event. The most recent progress note, dated December 16, 2013, indicated that there were ongoing complaints of neck, mid back and bilateral upper extremity pains. The physical examination demonstrated a 5'10", 107 pound individual who was normotensive and had negative compression testing; negative Spurling's test and deep tendon reflexes were intact. Diagnostic imaging was not noted in the progress note presented for review. Previous treatment included medications, physical therapy, and acupuncture with electrical stimulation. A request had been made for additional acupuncture and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 TIMES PER WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The most recent progress indicates that the injured employee is able to complete all his activities of daily living. There are ongoing complaints of pain, and the prior history of acupuncture intervention is not noted to demonstrate any efficacy. The current clinical condition is complicated by a comorbidity of diabetes. There is no notification or objectification that the oral medications are not tolerated. Therefore, when considering the parameters outlined in the acupuncture medical treatment guidelines, this request is not clinically indicated.