MAXIMUS Federal Services

Case Number:	CM14-0029631		
Date Assigned:	06/20/2014	Date of Injury:	09/29/2013
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/09/2014

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 Medicine has a subspecialty in Preventive 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 61 year old female nurse who sustained an injury to her mid back while dressing a patient on the floor on 10/10/13. According to a report dated 2/9/14, the patient complains of pain in the right mid to lower mid-back, with pain that radiates to her chest. The pain is moderate and intermittent and has had some relief with NSAIDs, rest, ice and has had 12 sessions of physical therapy also with some relief. An examination of the back reported; tenderness to palpation over the thoracic paraspinal muscles, full active range of motion and neuromuscular exam were normal, straight leg raise and Fabere's tests were normal bilaterally. The patient has had an X-Ray on 11/11/13 of the thoracic spine which was reported as negative. The patient has also had six sessions of acupuncture and an additional 12 sessions has been previously requested, but were denied. An appeal to the denial has been requested for 3x4 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Acupuncture Guidelines state that Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). The patient has had at least 6 acupuncture sessions but there are no documented findings of objective improvement. The patient related that she experienced a 55% improvement with conservative treatment, but there is no specific indication of what that treatment is. Because there is currently no acupuncture documentation provided indicating improvement, medical necessity for additional acupuncture sessions cannot be established. Therefore, the request for 3x4 additional acupuncture sessions are not medically necessary.