

Case Number:	CM14-0031798		
Date Assigned:	04/09/2014	Date of Injury:	08/21/2010
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Chiropractic has a subspecialty in Acupuncture 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 reported a date of injury of 8/21/2010. According to the progress report dated 12/04/2013, the patient complained of left wrist, low back, bilateral lower extremity, and bilateral foot pain. The pain was described as aching and stabbing sensation in the primary area of discomfort. The pain is exacerbated by periods of increased activity and bending motions. Significant objective findings include no apparent gross deficiencies neurologically and movements were within baseline for their level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 VISITS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture treatment guideline recommends a trial of 3-6 treatments with a frequency of 1 to 3 treatments over 1-2 months to produce functional improvement. There were no records that the patient completed a trial of acupuncture. The provider has requested 6 acupuncture sessions. The number of sessions requested is within the guidelines

recommendation; therefore the provider's request of 6 acupuncture sessions is medically necessary and appropriate.