

Case Number:	CM14-0040213		
Date Assigned:	06/27/2014	Date of Injury:	02/13/2003
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old individual who was reportedly injured on 2/13/2003. The mechanism of injury was listed in these records reviewed. The most recent progress note is the utilization review, dated 3/25/2014, indicated that there were ongoing complaints of neck, low back and bilateral shoulder pains. There was not a physical examination submitted with the documents of this file. No diagnostic studies were available for review. Previous treatment has included physical therapy, chiropractic care, acupuncture, and medication. A request had been made for 12 acupuncture sessions and was not certified in the pre-authorization process on 3/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: MTUS Guidelines support acupuncture as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation to hasten functional

recovery. When noting the patient's diagnosis, date of injury, clinical presentation, and the lack of documentation of any type of physical exam, there was insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.