

Case Number:	CM14-0137820		
Date Assigned:	09/05/2014	Date of Injury:	05/08/2013
Decision Date:	01/30/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 a licensed Chiropractor (DC) 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 worker is a 56 year old male who reports difficulty sleeping and stress resulting from a work related injury on 05/18/2013. Patient states he was working on a PVC pipe which cracked spraying him with sodium hydrochloride burning him in various parts of his body. Patient is diagnosed with prolonged posttraumatic stress, burn of ankle unspecified degree, burn of eye and adnexa NOS, burn of multiple sites of wrist and hand unspecified degree, burn of cornea and conjunctival sac not elsewhere classified, burn unspecified degree of leg unspecified site, burns of multiple sites of leg, burn of unspecified degree of ear. Per requesting physicians most recent notes dated 02/27/2014 patient arrived to appointment congested, stressed, skin on arms and face is pinker than usual. Physician states he is complaining of moderate - severe itching of bilateral extremities. Per notes patient spent a good deal of time thinking about the accidents in his life. Patient has been treated with medication and possible Acupuncture. Primary treating physician requested 5 additional visits which were denied. It is unclear whether patient has had prior acupuncture treatments; however, there is no documented functional improvement. Patient hasn't had any long term symptomatic or functional relief with acupuncture care, nor has physician presented any correlation between the treatment being requested and the patient's current injuries. Per review of evidence and guidelines, 5 acupuncture treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five acupuncture appointments to treat sleep deficits agitation/stress: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". It is unclear whether patient has had prior acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 5 visits are not medically necessary.