

Case Number:	CM14-0196439		
Date Assigned:	12/04/2014	Date of Injury:	05/05/2014
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Acupuncture and is licensed to practice in Florida. 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 29-year-old male who sustained injuries to his right shoulder, right wrist and lumbar spine while working in construction on 5/5/14. The documentation suggests that the patient had a series of injuries within a few days of each other. The patient has been diagnosed with: Lumbar sprain/strain, Right shoulder sprain/strain, Cervical sprain/strain, Right elbow sprain/strain, Right arm sprain/strain, Right wrist sprain/strain, Headaches, Numbness/paresthesia, with cold lower extremities, Neuritis/radiculitis bilateral lower extremities, Lumbar disc protrusion aggravated, Insomnia, due to pain, Adjustment disorder with mixed anxiety and depressed mood, and Acute pain due to trauma. The patient was prescribed an IF unit, home exercise and/or functional restoration program, lumbar and cervical exercise kit, and a lumbar LSO. The patient has been prescribed the following medications: Ultracet, Tizanidine, and Naproxen. The patient has received chiropractic care, PT, and at least 14 acupuncture treatments. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the right shoulder, right wrist and hand and lumbar spine for 8-12 sessions, 2 times a week for 4-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented; CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. There are no objective findings from the provider documented. Therefore, the requested 8-12 acupuncture treatments to the right shoulder, right wrist, hand and lumbar spine would not be medically necessary.