

Case Number:	CM14-0199247		
Date Assigned:	12/09/2014	Date of Injury:	08/03/2013
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 underlying date of injury in this case is 08/03/2013. The patient's treating diagnoses include chronic neck pain, headaches, and back pain with spasm. On 10/24/2014, a physician review noted that there was no indication that the claimant was actively seeking physical rehabilitation or surgical intervention for her alleged injuries and, therefore, that she did not meet the criteria for acupuncture treatment. On 10/17/2014, the patient was seen in orthopedic reevaluation. The patient presented with chronic neck pain with headaches and spasms. The patient described the pain as moderate and not radiating to her upper extremities. On exam the patient had tenderness to palpation over the medial trapezius on the right and to palpation over the right upper and lower rhomboids. The patient also had pain with right scapular protraction. The treating orthopedist diagnosed the patient with cervical sprain and thoracic strain and panic attacks. The treatment plan included a request for acupuncture 2 times per week for 4 weeks to the cervical and thoracic spine as well as authorization for a psychiatric consultation regarding stress and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1, page 9, recommends that the time for initial functional improvement in acupuncture is 3-6 treatments. The current request, therefore, exceeds the treatment guidelines. The records do not provide a rationale for an exception to the treatment guidelines. This request is not medically necessary.