

Case Number:	CM14-0208780		
Date Assigned:	12/22/2014	Date of Injury:	09/08/2012
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 treating physician report dated 11/4/14 indicates the injured worker (I/W) continues to be quite depressed, with the residuals of his assault at the place of employment. He had been seen by [REDACTED] who recommended continued treatment for post-traumatic stress disorder and major depression. He will be returning to [REDACTED] to have aggressive treatment with a different antidepressant. He is also followed by [REDACTED] who believes he has not reached permanent and stationary status and needs more treatment. His current complaints are continued ringing in the ear, headaches, and lapses in memory. His biggest complaints revolve around depression and anxiety. The notes indicate he rates his pain level at 1/10 on a numerical pain scale. The current diagnoses are: 1. Status-post assault with multiple head traumas, post concussion syndrome, and post traumatic stress disorder. 2. Anxiety under treatment with depression. 3. History of neck, back and left knee pain. The utilization review report dated 11/19/14 denied the request for Acupuncture two times six weeks for complaints of sciatica based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times six weeks for complaints of sciatica: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has history of mild neck, back, left knee pain and sciatica. The current request is for Acupuncture two times six weeks for complaints of sciatica. According to the Acupuncture Medical Treatment Guidelines (AMTG), 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 hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The time to produce functional improvement: 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. In this case, the attending physician documents subjective complaints, but fails to document objective or functional deficit. Additionally, the treating physician has requested treatment in excess of the recommended 3-6 visit trial period. As such, medical necessity has not been established. Therefore this request is not medically necessary.