

Case Number:	CM14-0068877		
Date Assigned:	07/14/2014	Date of Injury:	01/07/2014
Decision Date:	01/30/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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 Acupuncturist, 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:

This is a 55 year old female worker was injured when she was walking to her car and was grabbed by a man with a gun. Parts of the body affected were noted to be psyche, upper/mid/low back, right shoulder, right upper extremity, right ankle and right lower extremity. The date of injury was January 7, 2013. Diagnoses include cervical spine sprain/strain with myospasms, lumbar spine sprain/strain with myospasms, right shoulder sprain/strain, right hip sprain/strain, right ankle sprain/strain, status post right ankle surgery and posttraumatic stress disorder. On March 12, 2014, she complained of upper back pain, low back pain and right ankle pain. The pain was noted to be decreased with medication. She was noted to be unable to do her job responsibilities and carry grocery bags. She experienced difficulty with sitting for more that one hour and light yard/house work. She avoids lifting more than five pounds. Treatment modalities included physical therapy, medication and psychological consults. A request was made for acupuncture 2x week x 6 weeks multiple body part. On April 23, 2014, utilization review denied the request.

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 times 6 weeks for multiple body part: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.