MAXIMUS Federal Services

Case Number:	CM15-0008710		
Date Assigned:	01/26/2015	Date of Injury:	02/27/2007
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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
Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 (IW) is a 27 year old male, who sustained an industrial injury on February 27, 2007. He has reported left ankle and pelvis pain with occasional headaches and was diagnosed with post-traumatic headaches, lumbar process fracture, left ankle fracture and pelvic diaphysis injury. Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, physical therapy, acupuncture, pain medications, work status changes and other treatment modalities. The IW reported a work injury after a piece of concrete fell on him. He was noted to have undergone 7 years of conservative therapies with continued pain in the left ankle and pelvis with occasional headaches associated with the pain. On July 17, 2014, evaluation revealed continued pain as previously noted. The plan was to continue pain medications and follow up with further diagnostic studies. Subjectively, the pain continued in spite of ongoing treatments. His diagnoses are posttraumatic headaches, status post fracture of lumbar spine, status post open pelvic diastasis fracture, status post fracture dislocation of left ankle, status post liver and kidney contusion, and status post collapsed lung. Per a Pr-2 dated 8/28/2014, the claimant has very little pain and is working full time. Per a Pr-2 dated 10/9/2014, the claimant has pain in the right hip and left ankle. Per a PR-2 dated 11/20/2014, the claimant is having left ankle pain and stabbing sensation in his pelvis. On December 19, 2014, Utilization Review non-certified a request for 12 sessions of acupuncture through mutual discussion with the treating nurse practitioner. The nurse practitioner stated that the preference would be to try chiropractic treatment first and to withdraw the request for chiropractic at this time. Six sessions of chiropractic were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture, twice a week for six weeks, to left ankle and pelvis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary. In addition, concurrent chiropractic treatment was requested and granted with no documentation of results as discussed by prior utilization review.