

Case Number:	CM15-0009311		
Date Assigned:	01/27/2015	Date of Injury:	07/04/2012
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
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: Ohio

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:

Claimant is a 27 year old male who sustained a work related injury on 7/4/12. He slipped off a ladder and fell approximately 10-12 feet to the ground. He was seen at the hospital two days later where he was examined, x-rayed, and prescribed medications. Previous treatment has included medications, physical therapy, modified duty, and acupuncture. 14 visits of acupuncture occurred between 6/30/14 and 8/1/14. Objective functional improvement is not documented within these notes. Diagnoses include lumbar sprain/strain with right side radiculitis, right hip pain, cervical sprain, knee sprain, anxiety, depression, fibromyalgia, lumbar disc displacement, and right heel pain. UR decision dated 1/6/15 modified the request for 7 acupuncture visits to 6 citing the patient never attempting a course of acupuncture and the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 100 and 101. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented. The claimant has previously undergone 14 visits of acupuncture with no objective functional improvement. Due to the lack of functional improvement the request for Acupuncture 1 time a week for seven weeks is not medically necessary.