

Case Number:	CM15-0183972		
Date Assigned:	09/24/2015	Date of Injury:	01/06/1999
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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 is a 66 year old male, who sustained an industrial injury on January 6, 1999. He reported traumatic head injury after falling from a scaffold. The injured worker was diagnosed as having adjustment disorder with anxiety and depression. Treatment to date has included diagnostic studies, biofeedback, acupuncture and work restrictions. Currently, the injured worker continues to report debilitating pain interfering with activities of daily living with secondary depression, anxiety and stress. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. Evaluation on May 28, 2015, revealed continued pain with associated symptoms as noted. It was noted he was continuing biofeedback and was referred to acupuncture therapy. He was noted to decline medications. It was noted he had poor impulse control, obsessive thoughts, non-flexible thought patterns, unstable mood and night terrors. Evaluation on August 18, 2015, revealed continued pain with associated symptoms as noted. It was noted he continued to have stress, depression and anxiety secondary to debilitating pain. It was noted he declined medications from the psychiatrist. It was also noted he had completed a patient education group, biofeedback and acupuncture. The anxiety inventory used to assess the level of anxiety noted moderate anxiety. The RFA included a request for Acupuncture treatment 1 x 6 for stress/anxiety and was non-certified on the utilization review (UR) on September 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 1 x 6 for stress/anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient was diagnosed with adjustment disorder with anxiety and depression. The patient has had biofeedback, acupuncture and work restrictions. The provider reported that the patient complained of stress and anxiety and requested additional acupuncture. There was no documentation of functional improvement from prior acupuncture session. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.