

Case Number:	CM15-0185123		
Date Assigned:	09/25/2015	Date of Injury:	06/14/2014
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 33 year old male patient who sustained an industrial injury on 6-14-2014. Diagnoses include status post electrical injury with subsequent inability to use the bilateral lower extremities and a seizure disorder. Per the doctor's note dated 9/17/2015, he had complaints of left lower extremity pain and headache. Patient had improvement in headache with acupuncture from daily headache to 2-3 times per week. Per the doctor's note dated 8-20-2015 he had complaints of bilateral lower extremity pain, numbness, and tingling. The physical examination revealed no significant changes. The past three visits document ambulation with a cane with a slow gait, wide stance, and legs with 4 out of 5 strength following use of a wheelchair for several visits. The medications list includes prazosin, zyprexa, zoloft and simvastatin. He has had physical therapy, 8 visits of acupuncture, stationary bike exercise, use of a front wheeled walker, and psychiatric care. Recommendations include physical therapy, continue use of stationary bike at home, continue psychotherapy, neurology consultation, additional acupuncture sessions, and follow up in one month. Utilization Review denied a request for additional acupuncture dated 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture times six for the bilateral lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Additional acupuncture times six for the bilateral lower extremity. MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "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. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." The patient has had 8 acupuncture visits for this injury. The requested additional visits in addition to the previously rendered acupuncture sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous acupuncture visits except improvement in headache that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Evidence of surgical intervention is not specified in the records provided. The medical necessity of Additional acupuncture times six for the bilateral lower extremity is not fully established in this patient at this time.