

Case Number:	CM15-0026741		
Date Assigned:	02/19/2015	Date of Injury:	07/23/2008
Decision Date:	03/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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 53 year old male who sustained an industrial injury on 07/23/2008. The mechanism of injury is documented as occurring while he was operating a forklift when the engine died and the forklift rolled down a hill flipping over crushing him. He was strapped for 2 hours. The injured worker suffered multiple injuries. The most recent report available in the submitted records is dated 01/21/2015. He presented on that date with back pain, leg pain, urinary incontinence, erectile dysfunction, paraparesis, chronic regional pain syndrome, gait dysfunction, excessive sweating, depression and anxiety. He ambulates with a single point cane. Prior treatments include surgery, acupuncture, lumbar epidurals and lumbar sympathetic blocks. Spinal cord stimulator was implanted in 2011 and removed in 2013. He received psychotherapy, water based exercise program and medications. Previous surgery includes open reduction internal fixation of left wrist, sacral fracture fixation and spinal cord stimulator implant. Diagnoses included: Multiple closed pelvic fractures with disruption of pelvic circle, Neurogenic bladder, Degenerative disc disease lumbar spine, Urinary incontinence, Crushing injury of multiple sites, Causalgia of lower limb, Low back pain, Lumbar radiculopathy, Erectile dysfunction, traumatic, Paraplegia, Chronic intractable pain syndrome, Depression. On 02/02/2014 the request for 12 sessions of acupuncture was modified by utilization review to allow for a trial of 4 sessions of acupuncture. MTUS/ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: 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 recently had prior acupuncture authorized. However, the provider fails to document objective functional improvement associated with the completion of those visits. Therefore, twelve visits of acupuncture are not medically necessary.