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| Case Number: | CM13-0039062 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 07/20/2012 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported an injury on 07/12/2012. The patient had completed 14 sessions of acupuncture as of 11/06/2013. The clinical note on 11/06/2013, reported that the patient had completed the acupuncture "without significant benefit." The patient had pain and stiffness to the neck and shoulders with increased pain in the bilateral arms with numbness and tingling. The note later reports that acupuncture treatments help only if done on a consistent basis. The patient's current medications included Anaprox, Prilosec, Flexeril, and ketoprofen cream. Physical examination revealed marked muscle tension and spasms in the left trapezius muscle with decreased cervical spine range of motion. The patient was recommended for ongoing medication management and additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

extended acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that with objective functional improvement acupuncture can be continued for an optimum duration of 2 months. The patient

has been participating in acupuncture for greater than 3 months. The patient has already completed 14 sessions of therapy. In addition, the note on 11/06/2013 reported conflicting evidence regarding the efficacy of acupuncture. The notes submitted for review failed to demonstrate that the patient has any significant functional improvement to warrant exceeding evidence based guidelines for total duration of care with acupuncture. Furthermore, the request as written does not include the duration or frequency for the proposed acupuncture sessions. As such, the request is non-certified at this time.