

Case Number:	CM14-0115145		
Date Assigned:	08/04/2014	Date of Injury:	09/10/2013
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is licensed in Acupuncture and is licensed to practice in Florida. 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/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 38 year old male who sustained an industrial injury on 9/10/13. The patient stated that as he was leaving work on his bicycle, he ran into a chain link fence, falling and injuring his head. His current diagnosis (May 28, 2014) is; Status post-cervical fracture, Cervical radiculitis, Cervical/Thoracic/Lumbar sprain/strain, Right shoulder impingement and Left wrist sprain. As of May 2014, he is on the following medications: Ultracet, Anaprox and Protonix. The records indicate the patient received at least one cervical epidural steroid injection, which did reduce his pain. The records indicate that he has received chiropractic care, physical therapy and acupuncture treatments. The patient has returned to work on 6/2/14 with restrictions. After reviewing 276 pages of documentation that was provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested acupuncture sessions for the cervical, thoracic, lumbar, right shoulder and left wrist has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x/wk x 2 wks cervical, thoracic, lumbar, right shoulder, left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 38-year-old male who sustained an industrial injury on 9/10/13. As the patient was leaving work on his bicycle, he ran into a chain link fence. He fell off his bicycle and sustained injuries to his head, neck, shoulder, knees, and wrists. He was taken to the hospital where he received 18 sutures in his head. The records indicate that the patient is on medication and has received acupuncture treatments, chiropractic care and physical therapy. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. The medical necessity for the requested acupuncture sessions has not been established.