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| Case Number: | CM14-0116011 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 07/10/2013 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 Board Certified in Acupuncture and is licensed to practice in New York and Connecticut. 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:

According to the records made available for review, this is a 45 year old male patient sustained a thoracic back injury on 7/10/2013 resulting from removing a valve/coupling from a water heater as he twisted his upper back. Patient has not worked since January of this year. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X8 there is documentation of main subjective pain complaints on the above, with objective positive findings including tenderness at T7-10. He takes ibuprofen and had chiropractic and physical therapy. He had epidural steroid injections at T8/9 on his thoracic spine on 6/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8 sessions thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: An initial trial of 6 sessions of acupuncture is medically necessary based on MTUS guidelines, in the presence of positive objective findings up to 1-2 months with a maximum duration of 14 sessions. Beyond 6 treatment sessions, the acupuncturist is obligated to

document functional improvement. This treatment request is modified from 8 sessions to approval for 6 sessions.