

Case Number:	CM14-0127613		
Date Assigned:	09/16/2014	Date of Injury:	01/29/2010
Decision Date:	10/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This patient sustained an injury on 1/29/10 from falling down a shaft while employed by [REDACTED]. Request(s) under consideration include Acupuncture 1 x 6. Diagnoses include Lumbar herniated disc; Left shoulder internal derangement; Acetabular contusion/ Left pelvic fracture; left wrist internal derangement/ wrist fracture; and subdural hematoma and subarachnoid hemorrhage. The patient was deemed MMI on 8/25/11 from his acquired brain injury and multiple traumatic injuries. The patient subsequently received another year of active treatment at another medical group and after another year with current chiropractic provider, the patient was again deemed MMI. The patient has continued; however, to treat for chronic ongoing symptoms related to his orthopedic injuries and takes medications along with use of ankle/foot orthosis for foot drop. Other conservative care has included therapy, Biofeedback, and modified activities/rest. A report from the chiropractic provider dated 6/20/14 noted the patient with exam findings in left upper extremity of TTP to subacromial space, bicipital groove, capsule, soft tissue and osseous structure; positive spasm of paravertebral/ scalene/ upper trapezius; diffuse motor strength of 4/5 in left shoulder with limited range. Treatment included left foot AFO, PT, acupuncture, psychological eval, follow up with pain management. Current disability status noted the patient remains P&S and may return to work without restrictions. The request(s) for Acupuncture 1 x 6 was non-certified on 7/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, Page(s): 8-9.

Decision rationale: The MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The medical records provided for review indicate the patient has received at least 12 prior sessions of acupuncture with most recent 6 sessions for this 2009 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered for this P&S patient. The Acupuncture 1 x 6 is not medically necessary and appropriate.