

Case Number:	CM14-0160161		
Date Assigned:	10/03/2014	Date of Injury:	02/13/2013
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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 41 year old female with a 2/13/13 date of injury. Mechanism of injury is an assault with a strike to the back of the head and being thrown to the ground. At the time of the request for authorization of 12 acupuncture sessions (9/11/14), there is documentation of subjective (cervical pain with radicular symptoms, headache, posttraumatic depression and anxiety) and no documented objective findings. There is documentation of a request for acupuncture authorization of 12 sessions. There is documentation stating that 6 sessions of acupuncture were approved but the injured worker has not begun this treatment. Documentation provided includes additional treatments (physical therapy, chiropractic, TENS and medication). Records do not mention the addition of acupuncture to continued physical rehabilitation. Additionally, there is no mention of pain medication dosage decrease or intolerance. This request exceeds the Acupuncture Medical Treatment Guidelines.

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 the records made available for review, this is a 41 year old female with a 2/13/13 date of injury. Mechanism of injury is an assault with a strike to the back of the head and being thrown to the ground. At the time of the request for authorization of 12 acupuncture sessions (9/11/14), there is documentation of subjective (cervical pain with radicular symptoms, headache, posttraumatic depression and anxiety) and no documented objective findings. There is documentation of a request for acupuncture authorization of 12 sessions. There is documentation stating that 6 sessions of acupuncture were approved but the injured worker has not begun this treatment. Documentation provided includes additional treatments (physical therapy, chiropractic, TENS and medication). Records do not mention the addition of acupuncture to continued physical rehabilitation. Additionally, there is no mention of pain medication dosage decrease or intolerance. This request exceeds the Acupuncture Medical Treatment Guidelines. Therefore, request for 12 sessions of Acupuncture is not medically necessary.