

Case Number:	CM14-0093736		
Date Assigned:	07/25/2014	Date of Injury:	06/15/2003
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 Illinois. 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 injured worker is a 71-year-old female who reported an injury on 06/15/2003. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with neck pain. Upon examination, there was limited range of motion to the neck and no evidence of aberrant behaviors. Prior therapy included medications. The provider recommended acupuncture 2 times a week for 2 weeks to the neck. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x Wk x 2 Wks Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 times a week for 2 weeks for the neck is not medically necessary. The California MTUS state that acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture should be performed within 3 to 6 treatments, up to 1 to 3 times a week,

for an optimum duration of 1 to 2 months. There is a lack of documentation that the injured worker is intolerant to medications. There is a lack of documentation of the injured worker's participation in a physical rehabilitation program that could be used as an adjunct to the acupuncture treatment. Additionally, the amount of acupuncture treatments that have been completed and the efficacy of the prior treatments have not been provided. As such, the request is not medically necessary.