

Case Number:	CM14-0099323		
Date Assigned:	07/28/2014	Date of Injury:	09/07/2013
Decision Date:	10/14/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Family Medicine 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:

The injured worker is a 35 year old male whose date of injury is 09/07/2013. The injured worker was going up quickly when he hit his head on the ceiling door. Treatment to date includes CT scan of the head, x-rays of the head and neck, physical therapy, head injections and the injured worker has tried acupuncture. Follow up evaluation dated 04/11/14 indicates that he is still having a lot of neck symptoms of tightness and pain. Diagnostic impression notes post-concussive syndrome, head trauma and closed head injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture 2x week x 4 weeks cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 2 x week x 4 weeks cervical is not recommended as medically necessary. The injured worker's objective functional response to prior acupuncture is not documented to establish efficacy of treatment and support additional sessions. The number of acupuncture visits completed to date is not documented. CA MTUS Acupuncture Guidelines note that the optimum duration of

treatment is 1-2 months. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, medical necessity is not established in accordance with CA MTUS guidelines, and this request is not medically necessary.