MAXIMUS Federal Services

Case Number:	CM14-0212005		
Date Assigned:	01/02/2015	Date of Injury:	09/03/2013
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 59 year old male who sustained a work related injury on 9/3/2013. Per a Pr-2 dated 11/21/2014, the claimant has problems breathing through his right nostril, increased neck pain, frequent migraine headaches, and severe eye pressure. His diagnoses are cervicalgia, fractured skull, migraines, subdural hematoma, and multiple facial fractures. Per a PR-2 dated 10/23/2014, the claimant's wife commented that chiropractic and acupuncture treatments were helping. Examination findings show that there is a large scar on forehead, antalgic gait, mental lag, tenderness in the cervical spine, and limited range of motion in the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Acupuncture therapy session between 12/8/2014 and 1/22/2015.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior trial with reported benefit. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.