

Case Number:	CM15-0119766		
Date Assigned:	06/30/2015	Date of Injury:	01/06/1999
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

The injured worker (IW) is a 66 year old male who sustained an industrial injury on 01/06/1999. He reported a fifteen-foot fall. The injured worker was diagnosed as having multiple injuries to the head, neck, left pelvic, left elbow and low back. He also had a subarachnoid bleed. He is currently in treatment for adjustment disorder with anxious and depressed. Treatment to date has included psychiatric therapy, chiropractic treatment Toradol injections. Currently, the injured worker complains of moderate depression, and moderate anxiety. He declines medication for psychiatric treatment. Current medications include Naproxen, Flexeril, and CycloTram cream. Treatment plan includes continued biofeedback, and patient education group. A request for authorization is made for the following: Acupuncture (frequency and duration not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (frequency and duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The recent acupuncture request from the provider did not indicate the number of sessions requested, the frequency, goals for such request and how many sessions the patient had in the past reporting the benefits obtained with such care. Therefore, the request for additional acupuncture is not supported for medical necessity.