

Case Number:	CM15-0065537		
Date Assigned:	04/13/2015	Date of Injury:	09/19/2012
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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 is a 32 year old male, who sustained an industrial injury on September 19, 2012. He reported injury to the right side of his face, mouth, teeth, neck, upper back, mid back, low back, bilateral ribs, right hip, right ankle and left leg. The injured worker was diagnosed as having multiple trauma with residual including head trauma with impaired memory and intellectual function, cephalgia, lower lip laceration, dental injury, fractured right maxilla-mandible and scalp hematoma laceration. Diagnoses also included cervical spine strain/sprain rule out herniated cervical disc with radiculitis/radiculopathy, lumbar spine strain/sprain rule out herniated lumbar disc with radiculitis/radiculopathy, laceration trochanteric area right hip-trochanteric bursitis, right foot and ankle strain/sprain rule out internal derangement, post-traumatic stress symptoms of anxiety and depression and fractured ribs right x1 and left x2 . Treatment to date has included diagnostic studies, medications, injections, exercises, chiropractic treatment, multiple procedures, acupuncture and physical therapy. On February 9, 2015, the injured worker reported that his lumbar spine pops and he felt as though his lower extremities were about to give up on him. His epidural injection decreased his pain level to a 4 on a 1-10 pain scale without medications. He rated his pain about a 6-7/10 on the pain scale with medications. He noted that his numbness and tingling sensation in his lower extremities had also diminished follow the epidural injections. The treatment plan included a recommendation for a full night CPAP titration sleep study and second lumbar spine epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x per week x 6 weeks: 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: 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." An unknown number of prior acupuncture sessions were rendered with unreported gains, patient continues symptomatic for which a second epidural injection was requested and authorized. Without any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with prior acupuncture provided to support the reasonableness of additional acupuncture, further acupuncture does not meet the guidelines criteria for medical necessity. Therefore the request is not medically necessary.