MAXIMUS Federal Services

Case Number:	CM15-0097116		
Date Assigned:	05/27/2015	Date of Injury:	12/16/2013
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 12/16/2013. He reported injuring his neck, back, lower back, and left leg and then developed headaches, sleep disorder, and symptoms of depression and anxiety. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having head pain with dizziness, temporomandibular joint disorder, cervical spine musculoligamentous sprain/strain with radiculitis, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with radiculitis, bilateral knee sprain/strain, sleep disturbance secondary to pain, and situational depression. Treatment and diagnostics to date has included cervical spine MRI that showed cervical spine discogenic disease with stenosis, physical therapy, chiropractic treatment, acupuncture, and medications. In a progress note dated 04/08/2015, the injured worker presented with complaints of headaches and pain in the neck, mid/upper back, lower back, and bilateral knees. Objective findings include neck, back, and bilateral knee tenderness. The treating physician reported requesting authorization for acupuncture for the cervical, thoracic, lumbar spine, and bilateral knees and medical transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions: 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: According the guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has received over 15 sessions of massage therapy and unknown amount of prior acupuncture sessions. The request for 12 additional sessions exceeds the amount of sessions required to obtain benefit and is not medically necessary.

1 Transportation to and from medically related visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - knee chapter and transportation and pg 66.

Decision rationale: According to the guidelines, transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant had back pain, headaches and sleep disturbance. The claimant was not able to work. However, there was no mention of a disability preventing the claimant from obtaining self-transport. As a result, the request for transportation is not medically necessary.