

Case Number:	CM13-0008660		
Date Assigned:	09/13/2013	Date of Injury:	07/24/2009
Decision Date:	01/06/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture, 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 physician 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.

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 female who was involved in a work related injury on 7/24/2009. Her diagnoses are left elbow pain, chronic left shoulder pain, left hip pain, neck and low back pain, spinal revision surgery, history of lumbar fusion. On a PR-2 dated 7/8/13, the primary treating physician (PTP) states that the claimant says that she had a flare up of neck pain that started when she woke up. She reports to being stiff and unable to move. However, the PTP notes that the patient was able to get her to move her neck at least 50% of normal. She also asked for a note off of work. On 6/24/2013, the claimant also requests a note off of work due to not sleeping well. On 6/10/2013, she also requests a note off work because she is having a lot of pain. Prior treatments include surgery, oral medications, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks in treatment of the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidence based guidelines, further acupuncture visits after an initial trial are medically necessary based on demonstrated functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The primary treating physician (PTP) states that the employee has

had prior acupuncture but not in the last few years. He does not include any documentation that acupuncture has been successful in the past. Also, there is no detailed exam done on the flare up to substantiate the flare up. It appears that the employee has been coming repeatedly to ask for notes off work in the last few office visits. There is not enough objective documentation to substantiate a true flare-up, because the employee has had restricted range of motion (ROM) in the cervical spine in the past. Therefore, due to lack of documentation on functional improvement from past acupuncture and lack of objective findings on a current flareup, acupuncture is not medically necessary. The request for acupuncture two times a week for four weeks in treatment of the neck is not medically necessary and appropriate.