

Case Number:	CM13-0014256		
Date Assigned:	01/03/2014	Date of Injury:	03/03/1992
Decision Date:	03/18/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

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

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 claimant is a 72-year-old female who was involved in a work related injury on 3/3/1992. Her primary diagnosis is lumbago. She has had extensive acupuncture treatment. On a utilization review dated 5/25/2010, the reviewer documents that she has had once a month to once every month acupuncture for approximately eight (8) years. The review also says the acupuncturist says that without acupuncture, the claimant is unable to perform activities of daily living (ADLs) without profound pain, and that there is significant reduction of pain with acupuncture. She has low back pain that is worse with activity. Pain radiates to right leg greater than left. According to a progress report-2, dated 7/12/13, the provider states again that the claimant has limited ability to perform ADLs and that acupuncture reduces pain. Also she states that medication is required when she is not receiving acupuncture. Six sessions of acupuncture were approved from 8/13/2013-10/13/2013. There are acupuncture treatment notes dated 9/23/13, 10/7/13, 7/12/13, and 8/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with cupping and massage, and TDP heat treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. The guidelines also indicate that "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had extensive acupuncture treatment over the past decade. However the provider failed to document actual objective functional improvement associated with her acupuncture visits. Her acupuncture visits appear to be maintenance in nature. There is also no documentation of a recent flare-up. In her most recent set of acupuncture visits, the provider does not document any functional improvement and only notes the procedures performed. In the absence of documented objective and sustainable functional improvement, further acupuncture is not medically necessary.