

Case Number:	CM13-0015239		
Date Assigned:	01/10/2014	Date of Injury:	08/29/2005
Decision Date:	03/19/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 licensed in Chiropractic & 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:

Claimant is a 57 year old male who was injured on 8/2/2005. His primary diagnoses are postlaminectomy syndrome, acquired spondylolisthesis, spinal stenosis, cervical disc degeneration, and cervical disc displacement. He had lumbar spine surgery on 8/2/2012. He had 12 prior acupuncture treatments starting on 4/8/2013 - 5/16/2013. The acupuncturist states that he has had partial pain relief in the low back. Per a PR-2 dated 12/2/2013, he has ongoing pain in the low back and left leg pain. He has tingling and weakness in the leg, lateral aspect of the calf, foot, and thigh. Prior treatment includes surgery, physical therapy, acupuncture, and oral medication. Per a PR-2 dated 10/17/2013, the physician states that prior acupuncture was helpful in relieving muscle spasm and pain. He states "one can infer that the reported response to acupuncture did provide functional gain."

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional acupuncture two times a week for six weeks, no body part specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant had a trial of 12 acupuncture visits. However the provider failed to document functional improvement associated with his acupuncture visits. Stating that one can infer functional gain is not sufficient. Objective functional gain is required to necessitate further treatment. Therefore acupuncture is not medically necessary.