

Case Number:	CM13-0015938		
Date Assigned:	11/27/2013	Date of Injury:	07/02/2010
Decision Date:	02/06/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 & 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 66 year old male who was involved in a work related injury on 7/2/10. His diagnoses are cervicalgia, lumbago, L shoulder impingement, L hand edema, L 2nd, 3rd and 4th trigger finger. He has neck pain, lbar pain, left wrist pain, shoulder pain, and pain in the back of his shoulder. The pain interferes with sleeping and his activities of daily living. Prior treatment includes surgery, acupuncture, chiropractic, physical therapy, and oral medications. Prior acupuncture was noted to have been helpful to reduce his lumbar spine pain from 8/10 to 6/10. However, there were also prior certifications for 6 acupuncture visits on 2/22/2011, 4 more on 9/22/11, 4 more on 1/13/12. Therefore the claimant has had at least 14 visits of acupuncture visits certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS 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. However the provider failed to document functional improvement associated with his prior acupuncture visits. A reduction of pain is not considered functional improvement. The claimant has had at least 14 prior acupuncture visits certified. Therefore further acupuncture is not medically necessary.