

Case Number:	CM13-0020038		
Date Assigned:	11/08/2013	Date of Injury:	08/06/2004
Decision Date:	07/25/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Chiropractic 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 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/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 patient is a 60 old female with a date of injury of 08/06/2004. According to the progress report dated 8/22/2013, the patient complained of neck, right shoulder, and low back pain. The patient's pain level is 7-8/10 and with medication it drops down to 5/10. There were no significant objective findings noted. The patient was diagnosed with headaches, neck pain, right shoulder pain, mid and low back pain status post L5-S1 lumbar surgery in 1988.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE WITH MASSAGE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE ENTIRE SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines states that acupuncture may be extended if there is documentation of functional improvement. According to the progress report dated 7/11/2013, the provider stated that the patient finished up acupuncture and it was very beneficial. She was having decreased overall pain. She was able to stand for longer periods of time. However, there was no documentation of functional improvement from acupuncture. The

provider failed to state how long the patient was able to stand before acupuncture and after acupuncture treatment. The patient's objective findings remained unchanged from visit to visit. Based on the lack of objective functional improvement, the provider's request for additional acupuncture 2 times a week for 3 weeks is not medically necessary at this time.