

Case Number:	CM13-0035290		
Date Assigned:	12/13/2013	Date of Injury:	05/01/2001
Decision Date:	02/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Licensed 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 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 claimant is a 69 year old male who was involved in a work related injury on 5/1/2011. His diagnoses are bilateral carpal tunnel syndrome and chronic low back pain. Per a PR-2 on 9/24/2013. The claimant has ongoing low back pain with radiating symptoms into the right lower extremity. The claimant's prior treatment includes oral medications, massage, physical therapy, and acupuncture. Acupuncture has been beneficial in the past. When he is able to get acupuncture on a regular basis, the claimant states that it allows him to continue exercising daily and carry out his activities of daily living with decreased pain. There were six sessions certified in October 2013. Prior to this, the claimant had 16 sessions of acupuncture in less than a year prior to that. The acupuncture notes for those 16 visits do not document functional improvement. They note that the claimant is not taking as much medication as prescribed, but they do not document how much less. Also, the functional scores have remained the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the Lumbar Spine, QTY: 12.00: 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 only 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 has had at least 22 acupuncture visits in the last two years. He also had acupuncture prior to that. However the provider failed to document functional improvement associated with his acupuncture visits. His objective functional scores remain the same. Therefore, further acupuncture is not medically necessary.